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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129

Co. Registrar No. 156

Local Registrar's No.

(No. St. Ward)

NAME OF CHILD Andrez Ybarra

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Born YES / Alive ~~NO~~

d Male	Twin, Triplet or other	and	Number in order of birth	Legitimate? yes.	Date of Birth March 5 1923 (Month) (Day) (Yr.)

FATHER	MOTHER
Santos Ybarra	Full Maiden Name Emelia Olivas
lence Globe, Ariz.	Residence Globe, Ariz.
Mex Age at last Birthday 34 (Years)	Color or Race Mex Age at last Birthday 24 (Years)
hplace Silver City N. Mex.	Birthplace Globe Ariz.
pation Laborer	Occupation Housewife

ber of Child this mother 5	Number of children of this mother now living 5	Were precautions taken against Ophthalmia neonatorum? yes.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

reby certify that I attended the birth of the above child, and that it occurred on Mar. 5 1923, at 5 A.M.

When there is no attending physi- or midwife, then the householder ld make this return.

(Signature) C W Adams

(Attending physician, ~~midwife, householder~~ *)

Given or Christian name added from a

Address Globe Ariz.

plemental report 192 Filed 3-8 1923 B. G. Fox

LOCAL REGISTRAR.

181-305-562 Filed 4-5 1923 A True Copy B. G. Fox

COUNTY REGISTRA