

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
 District of Globe
 Town of _____
 or _____
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 160
 Co. Registrar No. 260
 Local Registrar No. _____

2. Full name of child Jose Delgado } If child is not yet named, make supplemental report, as directed

3. Sex of child M } To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth 4/21/23 (Month, day, year)

FATHER
 8. Full name Elias Larios
 9. Residence San Dimas (Usual place of abode) If nonresident, give place and State
 10. Color or race Mex
 11. Age at last birthday _____ (Years)
 12. Birthplace (city or place) Mexico (State or country)
 13. Occupation Labourer Nature of Industry

MOTHER
 14. Full maiden name Rosa Delgado
 15. Residence Behind Mission Santa Rosa (Usual place of abode) If nonresident, give place and State Globe
 16. Color or race Mex
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Muzala Sonora (State or country) Mexico
 19. Occupation Housewife Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) } (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5:30 m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature] (Physician or midwife)

Address Globe

Given name added from a supplemental report _____ (Month, day, year)

146-421-946
 Registrar.

Filed 4-25, 1923 [Signature] Local Registrar.
 Filed 5-5, 1923 [Signature] County Registrar.