

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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 <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>166</u>	
or <u>Globe</u>		County Registrar No. <u>339</u>	
City of _____		Local Registrar No. _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Monacina Proya</u>		No. _____ St. _____ Ward _____	
		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
7. Date of birth <u>5-24-23</u>		5. No., in order of birth _____	Month Day Year
8. FATHER		14. MOTHER	
Full name <u>Angel Proya</u>		Full maiden name <u>Peresa Gastilo</u>	
9. Residence (Usual place of abode) <u>Lee Hornum</u>		15. Residence (Usual place of abode) <u>Lee Hornum</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>28</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>24</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>wood chopper</u>		19. Occupation <u>H. W.</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>5</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>1 P.</u> 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 <u>G. E. W. [unclear]</u>	
		(Physician, or midwife)	
		Address <u>Globe, Ariz.</u>	
Given name added from a supplemental report _____		Filed <u>5-27-23</u> <u>C. B. G. [unclear]</u>	
Month, day, year.		Local Registrar.	
Registrar. _____		Filed <u>6-5-23</u> <u>[unclear]</u>	
		County Registrar.	

441-524-376