

151

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 Yuma  
District of San Carlos Globe  
Town of San Carlos  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108 ✓  
County Registrar No. 362  
Local Registrar No. \_\_\_\_\_

2. Full name of child Juan Molina  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
If birth occurred in a hospital or institution, give its NAME instead of street and number  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? No  
5. No., in order of birth. \_\_\_\_\_ 7. Date of birth 6 6 23  
Month Day Year

8. FATHER  
Full name Unknown

14. MOTHER  
Full maiden name Melito Molina Galpa

9. Residence (Usual place of abode) Unknown  
If nonresident, give place and state

15. Residence (Usual place of abode) San Carlos Ariz  
If nonresident, give place and state

10. Color or race Indian 11. Age at last birthday? \_\_\_\_\_ (Years)

16. Color or race Indian 17. Age at last birthday 70 (Years)

12. Birthplace (city or place) Unknown  
(State or country)

18. Birthplace (city or place) Arizona  
(State or country)

13. Occupation Unknown  
Nature of industry

19. Occupation Housewife  
Nature of industry

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

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. 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 W. H. Sawyer M.D.  
Address San Carlos Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year.

Filed 6-20 1923 R. J. Jay Local Registrar.  
Filed 7-5 1923 R. J. Jay County Registrar.

Registrar.

155-606-481