

1813

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139
County Registrar No. 504
Local Registrar No. _____

2. Full name of child Manuel Robledo (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 M To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Aug 5 1923
Month Day Year

1. FATHER
Full name Manuel Robledo
9. Residence Hoskin Pl Globe
(Usual place of abode)
If nonresident, give place and state
10. Color or race Mex
11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Laborer
Nature of industry Mines

14. MOTHER
Full maiden name Felixa Aguilar
15. Residence Hoskin Rd Globe
(Usual place of abode)
If nonresident, give place and state
16. Color or race Mex
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Mexico
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born at 2 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. W. Horst
Address Globe Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year. _____
Filed Aug 7 1923 B. S. Gray Local Registrar.
Filed 9-1 1928 B. S. Gray County Registrar.

496-805-619

ALL VALUES ON BIRTH SERVICE.