

1826

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 128
County Registrar No. 743
Local Registrar No. _____

2. Full name of child Carlos Sandoval (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. 5. No., in order of birth. 1 6. Legitimate? yes 7. Date of birth 11 5 23
Month Day Year

8. FATHER
Full name Antonio Sandoval

14. MOTHER
Full maiden name Guadalupe Castro

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

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If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday. 38 (Years)

16. Color or race Mexican 17. Age at last birthday. 29 (Years)

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

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

13. Occupation
Nature of industry miner

19. Occupation
Nature of industry Housewife

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 2
(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 alive at 9:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature J.C. Harper, M.D.
Address Globe, Ariz.
(Physician or midwife)

Given name added from supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 11-16 1928 B.S. J. of
Filed 12-5 1923 B.S. J. of
Local Registrar. _____
County Registrar. _____

323-1105-736