

1828

**ARIZONA STATE BOARD OF HEALTH**  
 BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 130  
 District of Globe County Registrar No. 749  
 Town of \_\_\_\_\_ Local Registrar No. \_\_\_\_\_

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ernesto Rivera { 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. Legitimate? yes 6. No., in order of birth 4 7. Date of birth 11 6 23  
 Month Day Year

8. FATHER  
 Full name Albert Rivera  
 9. Residence (Usual place of abode) Globe, Ariz.  
 If nonresident, give place and state  
 10. Color or race Mexican  
 11. Age at last birthday 38 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Laborer  
 Nature of industry

14. MOTHER  
 Full maiden name Mercedes Espinosa  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If nonresident, give place and state  
 16. Color or race Mexican  
 17. Age at last birthday 38 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 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 9  
 (b) Born alive but now dead 3  
 (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 A.M. on the date above stated.  
 (Born alive or stillborn.)

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

\*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.

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

Filed 11-16 1923 B.W. Jay Local Registrar.  
 Filed 12-5 1923 B.W. Jay County Registrar.

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