

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
 1. County of Yuma
 District of Seuba
 Town of _____
 or Globe
 City of _____ No. Blake addition St. _____ Ward _____
 If birth occurred in a hospital or institution, give its NAME instead of street and number.

State Index No. 138
 County Registrar No. 53
 Local Registrar No. _____

2. Full name of child Doniel Perez { 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. _____ 6. Legitimate? yes 7. Date of birth Jan 14 1924
 Month Day Year

8. FATHER Full name <u>Andres Perez</u>	14. MOTHER Full maiden name <u>Philipa Felix Perez</u>
9. Residence (Usual place of abode) <u>Blake addition Globe</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Blake addition Globe</u> If nonresident, give place and state
16. Color or race <u>Mex</u>	17. Age at last birthday <u>33</u> (Years)
11. Age at last birthday <u>60</u> (Years)	18. Birthplace (city or place) <u>Mexico</u> (State or country)
12. Birthplace (city or place) <u>Mexico</u> (State or country)	19. Occupation <u>Housewife</u> Nature of industry
13. Occupation <u>Soborer</u> 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 <u>6</u> (b) Born alive but now dead <u>0</u> (c) Stillborn _____
21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6A 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 Blorance Guter
 Address Globe Ariz
 (Physician or midwife)

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

Registrar. _____
 Filed Jan 20 1924 _____ Local Registrar.
 Filed 2/6 1924 _____ County Registrar.

479-114-779