[redacted]

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe Ariz No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 150

County Registrar No. 220

Local Registrar No.

2. Full name of child Ruth Caballero

If child is not yet named, make supplemental report, as directed.

3. Sex of Child girl

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 March 12, 1924. Month day year

8. FATHER

Full name Jose D. Caballero.

9. Residence (Usual place of abode) Globe Ariz

If nonresident, give place and state

10. Color or race Mex.

11. Age at last birthday 33 (Years)

12. Birthplace (city or place) in Hillsboro

(State or country) New Mexico

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Sophia Paiz

15. Residence (Usual place of abode) Globe

If nonresident, give place and state Ariz

16. Color or race Mex

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) in Hillsboro

(State or country) New Mex.

19. Occupation House Wife

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 4

(b) Born alive but now dead 4

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 9 a.m. on the date above stated.

*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 evidences of life after birth.

Signature Mrs. J. H. Bryant Housewife. (Physician or midwife)

Address Globe Arizona

Given name added from a supplemental report 3/20/24 Filed Euclid B. Sh 4 10. Bof. no 2365 (Local Registrar)

Month, day, year.

Registrar.

Filed 4-3, 1924 (County Registrar)

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.

936-312-279