

21173

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

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

2. Full name of child Enequina Aragon (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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes
5. No., in order of birth _____ 7. Date of birth 3-20-24
Month Day Year

| | |
|--|---|
| <p>8. FATHER Full name <u>Juan Aragon</u> 9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state 10. Color or race <u>Mexican</u> 11. Age at last birthday <u>32</u> (Years) 12. Birthplace (city or place) <u>Jaurez Mexico</u> (State or country) 13. Occupation Nature of industry <u>Labourer</u></p> | <p>14. MOTHER Full maiden name <u>Petra Hernandez</u> 15. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state 16. Color or race <u>Mex.</u> 17. Age at last birthday <u>27</u> (Years) 18. Birthplace (city or place) <u>Clifton Arizona</u> (State or country) 19. Occupation Nature of industry <u>Housewife</u></p> |
|--|---|

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 1
(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 3:00 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 C. W. Edwards (Physician or midwife)
Address Globe, Arizona

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

Filed 3-25, 1924 2109 Local Registrar.
Filed 4-5, 1924 184 County Registrar.

516-320-167