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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

State Index No. 111

County Registrar No. 272

Local Registrar No. .....

PLACE OF BIRTH

1. County of Gila

District of .....

Town of .....

or

City of Globe

No. ..... St. ..... Ward

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

2. Full name of child Francisco Morones — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: M — 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 4 - 2 - 24 (Month day year)

FATHER	MOTHER
8. Full name: Refugio Morones	14. Full maiden name: Maria Marcias
9. Residence (Usual place of abode): Globe ~~Mexico~~ — If nonresident, give place and state	15. Residence (Usual place of abode): Globe — If nonresident, give place and state: Pinal St.
10. Color or race: Mex — 11. Age at last birthday 34 (Years)	16. Color or race: ~~3-3~~ Mex — 17. Age at last birthday 33 (Years)
12. Birthplace (city or place) (State or country): Mexico	18. Birthplace (city or place) (State or country): Mexico
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 6
(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 alive (Born alive or stillborn.) at 7 P 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 W. W. Horst M. D. (Physician or midwife)

Address Globe

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

Filed 4-5, 1924 B. G. Fox Local Registrar.

Filed 5-5, 1924 B. G. Fox County Registrar.

Registrar.

642-402-442