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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149
County Registrar No. 301
Local Registrar No. ____

PLACE OF BIRTH

1. County of Gila
District of ____
Town of Globe
or
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 Erlena Myers } 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 ____
5. No., in order of birth 2

6. Legitimate? yes

7. Date of birth 4 – 16 – 1924 (Month day year)

FATHER

8. Full name Kenneth Myers
9. Residence (Usual place of abode) Los Angeles, Cal.
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) (State or country) Arizona
13. Occupation Nature of industry Laborer

MOTHER

14. Full maiden name Belen Marujo
15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 24 (Years)
18. Birthplace (city or place) (State or country) Mexico
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 2
(b) Born alive but now dead 0
(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 (Born alive or stillborn.) at 5 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 T. C. Harper, M.D. (Physician or midwife)
Address Globe, Arizona

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

Filed 4-20, 1924 [illegible] Local Registrar.
Filed 5-5, 1924 [illegible] County Registrar.

Registrar.

542-416-246

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.