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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

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)

State Index No. 132  
County Registrar No. 394  
Local Registrar No. \_\_\_\_\_

2. Full name of child Francisco de Palua { 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 5-12-24 Month Day Year

8. FATHER Full name <u>Martina de Palua</u>		14. MOTHER Full maiden name <u>Loretta Cotta</u>	
9. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Ariz.</u> If nonresident, give place and state	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>38</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Laborer.</u>		19. Occupation Nature of industry <u>Housewife.</u>	

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 5 (b) Born alive but now dead 4 (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 7:30 A.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. Adams (Physician or midwife)  
Address Globe, Ariz.

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. \_\_\_\_\_  
Registrar. Filed 5-15 1924 R. J. Gray Local Registrar.  
Filed 6-5 1924 R. J. Gray County Registrar.

671-512-331