

2024

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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 Globe  
City of \_\_\_\_\_

State Index No. 183  
County Registrar No. 503  
Local Registrar No. \_\_\_\_\_

2. Full name of child Joe Sanchez Jr.  
No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
3. Sex of Child 17  Male  Female  
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 6-26-24  
Month day year

3. FATHER  
Full name Joe Sanchez  
9. Residence Near Rio Grande  
(Usual place of abode) Globe  
If nonresident, give place and state  
10. Color or race Mex  
11. Age at last birthday 37 (Years)

14. MOTHER  
Full maiden name Rafael Grijalva  
15. Residence Globe  
(Usual place of abode)  
If nonresident, give place and state  
16. Color or race Mex  
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Laborer  
Nature of industry Foundry

18. Birthplace (city or place) Phoenix  
(State or country) Ariz.  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 6  
(b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against opthalmia 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.

Signature G. W. W. Hunt M.D.  
Address Globe  
(Physician or midwife)

Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed JUL 6 1924 B. G. Fox Local Registrar.  
County Registrar.

129-626-971