

1122

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112  
County Registrar No. 628  
Local Registrar No. \_\_\_\_\_

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 Nieves Marcias } 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 \_\_\_\_\_ 6. Legitimate? yes. 7. Date of birth Aug. 5-24 Month day year

8. FATHER  
Full name Jose Marcias  
9. Residence (Usual place of abode) Globe  
If nonresident, give place and state Arizona

14. MOTHER  
Full maiden name Guadalupe Armas  
15. Residence (Usual place of abode) Globe  
If nonresident, give place and state Arizona

16. Color or race mex. 11. Age at last birthday 34 (Years)

18. Color or race Mex. 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Las Cruces  
(State or country) N. Mexico

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation  
Nature of industry laborer.

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 4 (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 at 2:30 P. 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 evidences of life after birth.  
Signature C. W. Adams (Physician or midwife)  
Address Globe, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed 8-10 1924 \_\_\_\_\_ Local Registrar.  
Filed 9-5 1924 \_\_\_\_\_ County Registrar.

Registrar.

542-805-762

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.  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
REMAIN RESERVED FOR BINDING