

COPIES RESERVED FOR BINDING
 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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila,</u>		BUREAU OF VITAL STATISTICS	
District of <u>Globe,</u>		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>133</u>	
or		County Registrar No. <u>021</u>	
City of <u>Globe,</u>		Local Registrar No. _____	
		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Maria Duarte,</u> } If child is not yet named, make supplemental report, as directed.			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate?
<u>Female,</u>			<u>Yes.</u>
		5. No., in order of birth.	7. Date of birth <u>8</u> <u>9</u> <u>1924</u>
			Month day year
8. FATHER		14. MOTHER	
Full name <u>Yrinee F. Duarte,</u>		Full maiden name <u>Catalina Lopez,</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
If nonresident, give place and state <u>Globe,</u>		If nonresident, give place and state <u>Globe,</u>	
10. Color or race	11. Age at last birthday <u>26</u> (Years)	16. Color or race	17. Age at last birthday <u>24</u> (Years)
<u>Mex.</u>		<u>Mex.</u>	
12. Birthplace (city or place) <u>Nacion Alamosa,</u>		18. Birthplace (city or place) _____	
(State or country) <u>Mexico</u>		(State or country) <u>Mexico.</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Miner.</u>		Nature of industry <u>Housewife,</u>	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>2</u>		Yes.	
(b) Born alive but now dead <u>1</u>			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Alive,</u> at <u>11:30 A.M.</u> 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 <u>G. E. Wightman</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe, Ariz.</u>	
Month, day, year.		Filed <u>5-16</u> 19 <u>24</u> <u>R. G. J. O.</u>	
Registrar. _____		Filed <u>9-5</u> 19 <u>24</u> <u>R. G. J. O.</u>	
		County Registrar. _____	

445-809-339