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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143
County Registrar No. 645
Local Registrar No. _____

PLACE OF BIRTH
1. County of Tula
District of Globe
Town of _____
or Globe
City of _____

2. Full name of child _____
3. Sex of Child F 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 8-15-24
Month day year

FATHER
8. Full name Juan Flores
9. Residence (Usual place of abode) at New Dominion Globe Mine
If nonresident, give place and state
10. Color or race Mex
11. Age at last birthday 46 (Years)
12. Birthplace (city or place) Mex
(State or country)
13. Occupation Laborer
Nature of industry Mines

MOTHER
14. Full maiden name Annita Grijalva
15. Residence (Usual place of abode) at New Dominion Mine
If nonresident, give place and state
16. Color or race Mex
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Nacazari Mex
(State or country)
19. Occupation Housewife
Nature of industry

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 6
(b) Born alive but now dead 1
(c) Stillborn 0
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 at 7A m. on the date above stated.
(Born alive or stillborn.)

Signature W. H. Horst
Address Globe
(Physician or midwife)
Filed 8-20 1924 B. J. Gray Local Registrar.
Filed 9-5 1924 B. J. Gray County Registrar.

069-815-171

MARGIN RESERVED FOR DOING
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.