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MARGIN 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH
1. County of La
District of _____
Town of _____
or Globe
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Still Born } If child is not yet named, make supplemental report, as directed.

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 8-16-24
Month day year

3. FATHER Full name <u>Louis Sanchez</u>		14. MOTHER Full maiden name <u>Patricia Hernandez</u>	
9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>46</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>Labore</u>		19. Occupation Nature of industry <u>Home</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 _____
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was Dead at 9 P. m. on the date above stated.
(Born alive or stillborn.)

Signature [Signature] (Physician or midwife)
Address Globe, Ariz
Given name added from _____
Month, day, year. _____
Registrar. _____

Filed 8-20 1924 _____ Local Registrar.
Filed 9-5 1924 _____ County Registrar.

029-816-789