ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 166
County Registrar No. 668
Local Registrar No.

PLACE OF BIRTH

1. County of Gila
District of
Town of
or
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 (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 8-23-24 (Month day year)

FATHER

8. Full name Joe Mendez

9. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz.

10. Color or race Mex

11. Age at last birthday 21 (Years)

12. Birthplace (city or place) Tucson
(State or country) Ariz

13. Occupation
Nature of industry Labor - Mine

MOTHER

14. Full maiden name Bessie West

15. Residence (Usual place of abode) Oak & Ash Sts
If nonresident, give place and state Globe

16. Color or race White

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Muskogee
(State or country) Okla

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 5
(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 alive (Born alive or stillborn) at 5:20 p.m. on the date above stated.

*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 W. W. Horst MD (Physician or midwife)
Address

Given name added from a supplemental report
Month, day, year.

Filed 8-30, 1924 By [illegible] Local Registrar.
Registrar.

Filed 9-5, 1924 By [illegible] County Registrar.

049-823-263

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.