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PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of Globe  
Town of Globe  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 116  
County Registrar No. 703  
Local Registrar No. \_\_\_\_\_

2. Full name of child Annie Solonio  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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 0 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Sept. 3, 1924  
Month Sept day 3 year 1924

8. FATHER  
Full name Refucio Solonio  
9. Residence (Usual place of abode) Globe, Ariz  
If nonresident, give place and state \_\_\_\_\_  
10. Color or race mex  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Mexico  
(State or country) \_\_\_\_\_  
13. Occupation miner  
Nature of industry \_\_\_\_\_

14. MOTHER  
Full maiden name Carmen Agnero  
15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state \_\_\_\_\_  
16. Color or race mex.  
17. Age at last birthday 19 (Years)  
18. Birthplace (city or place) Mexico  
(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 2 (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 4:10 p.m. 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.  
Given name added from supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Signature J.C. Harper, M.D. (Physician) \_\_\_\_\_  
Address Globe, Ariz. \_\_\_\_\_  
Filed 9-8 1924 \_\_\_\_\_ Local Registrar.  
Filed 10-1 1924 B.G. J. O'Neil County Registrar.

Registrar.

County Registrar.

176-903-314