

145

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

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 Angelina Valenzuela
(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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 10-2-24
Month day year

8. FATHER Full name <u>Felipa Valenzuela</u>		14. MOTHER Full maiden name <u>Antonia Martinez</u>	
9. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Globe Arizona</u> If nonresident, give place and state	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>25</u> (Years)
12. Birthplace (city or place) <u>Phoenix Arizona</u> (State or country)		18. Birthplace (city or place) <u>Morenci Arizona</u> (State or country)	
13. Occupation Nature of industry <u>Miner</u>		19. Occupation Nature of industry <u>Housewife</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 2 (b) Born alive but now dead 0 (c) Stillborn 1

21. Were precautions taken against epithemia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.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 _____
a supplemental report _____
Month, day, year _____

Signature C. W. Adams (Physician) _____
Address Globe, Ariz.
Filed 11-11, 1924 _____
Filed 11-5, 1924 _____
Local Registrar _____
County Registrar _____

151-1002-149