

2211

N. B.—In case of more than one child at a birth, a SEPARATE RETURN should be made for each, and the number of each, should be plainly written on the top of the return in order of birth stated.

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

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

State Index No. 176
County Registrar No. 827
Local Registrar No. _____

2. Full name of child Oscar Cabral
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
No. _____
St. _____ Ward _____
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male
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 10-29-24
Month day year

FATHER		MOTHER	
8. Full name <u>Lorenzo Cabral</u>	14. Full maiden name <u>Frances Rivera</u>	9. Residence (Usual place of abode) <u>Globe Ariz.</u>	15. Residence (Usual place of abode) <u>Globe Ariz.</u>
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>	11. Age at last birthday <u>19</u> (Years)	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>Morenci Ariz.</u>	18. Birthplace (city or place) <u>Sonora Mexico</u>	13. Occupation Nature of industry <u>Laborer.</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 _____
(b) Born alive but now dead _____
(c) Stillborn _____

21. Were precautions taken against opthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated.
(Born alive or stillborn.)

Signature C. W. Adams
(Physician or midwife)
Address Globe Ariz.
Month, day, year _____
Filed 11-7-24 1924 B. J. Joy
Filed 11-5-24 1924 B. J. Joy
Registrar. _____
Local Registrar. _____
County Registrar. _____

633-1029-691