[redacted]

PLACE OF BIRTH

1. County of Gila

District of

Town of Globe

or

City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 177

County Registrar No. 828

Local Registrar No.

No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Bertondo

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: Oct. 29, 1924 (Month day year)

8. FATHER

Full name: Lalo Bertondo

9. Residence (Usual place of abode): Globe, Ariz.

If nonresident, give place and state

10. Color or race: mex.

11. Age at last birthday: 23 (Years)

12. Birthplace (city or place): Solomonville

(State or country): Ariz.

13. Occupation

Nature of industry: Miner

14. MOTHER

Full maiden name: Alvena Garcia

15. Residence (Usual place of abode): Globe, Ariz.

If nonresident, give place and state

16. Color or race: mex.

17. Age at last birthday: 22 (Years)

18. Birthplace (city or place): Marcia

(State or country): New Mexico

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: 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 (Born alive or stillborn.) at 10:25 a.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: T. C. Harper, M.D. (Physician [redacted])

Address: Globe, Ariz.

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

Filed 11-1, 1929 — Local Registrar.

Registrar.

Filed 11-5, 1929 — County Registrar.

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.

WRITE PLAINLY WITH UNFADING INK. PERMANENT RECORD

126-1029-171