

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. 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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of _____
 Town of _____
 or
 City of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118
 County Registrar No. 143
 Local Registrar No. 25

2. Full name of child Celia Hernandez
 No. _____ St. _____ Ward _____
 (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 7. To be answered ONLY in event of plural births. 4. Twin, triplet or (the) 6. Legitimate? yes. 7. Date of birth 2-9-25
 Month day year

8. FATHER
 Full name Superiano Montes
 9. Residence (Usual place of abode) Globe
 If nonresident, give place and state Ariz.
 10. Color or race Mex.
 11. Age at last birthday 32 (Years)

14. MOTHER
 Full maiden name Francisco Hernandez
 15. Residence (Usual place of abode) Globe
 If nonresident, give place and state Arizona
 16. Color or race Mex.
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico
 13. Occupation
 Nature of industry Tailor.

18. Birthplace (city or place) _____
 (State or country) 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 1 (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 11:55 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.
 Signature C. Williams
 (Physician or midwife)
 Address Globe, Arizona

Given name added from _____
 Month, day, year. _____
 Registrar. _____
 Filed 3/9, 1925 G. E. Wightman Local Registrar.
 Filed 3/9, 1925 G. E. Wightman County Registrar.

389-209-689