

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

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.

PLACE OF BIRTH

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

State Index No. 182
County Registrar No. 143
Local Registrar No. 27
St. _____ Ward _____

2. Full name of child Lorenza Villa
(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. _____ 5. Legitimate? yes
6. Date of birth 2-26-25
Month day year

3. FATHER
Full name Juan Villa
9. Residence (Usual place of abode) Globe
If nonresident, give place and state Arizona
10. Color or race Mex
11. Age at last birthday 37 (Years)

14. MOTHER
Full maiden name Juana Salazar
15. Residence (Usual place of abode) Globe
If nonresident, give place and state Ariz
16. Color or race Mex
17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Tucson
(State or country) Arizona
13. Occupation
Nature of industry Labourer

18. Birthplace (city or place) Tucson
(State or country) Arizona
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 6
(b) Born alive but now dead 3
(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 5:09 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.
Signature C. W. Adams
(Physician or midwife)
Address Globe Ariz

Given name added from a supplemental report _____
Month, day, year. _____
Registrar. _____
Filed 3/9 1925 G. E. W. Adams
Local Registrar.
Filed 3/9 1925 G. E. W. Adams
County Registrar.

351-226-129