

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. 2-31-30 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. 145
County Registrar No. _____
Local Registrar No. 48

2. Full name of child Natalia Verdugo
(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. No. in order of birth _____
6. Legitimate? yes
7. Date of birth 3-11-23
Month day year

8. FATHER
Full name Juan Verdugo
9. Residence (Usual place of abode) Globe Arizona
If nonresident, give place and state
10. Color or race Mex
11. Age at last birthday 24 (Years)

14. MOTHER
Full maiden name Fernanda Ruiz
15. Residence (Usual place of abode) Globe Ariz.
If nonresident, give place and state
16. Color or race Mex
17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Morenci Ariz.
(State or country)
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 at 9:15 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. Filed Apr. 1, 1923 by L. E. Wightman Local Registrar.
Registrar. Filed _____ 19____ County Registrar.

556-311-659