

MARGIN RESERVED FOR BINDING
 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.

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

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

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151
 County Registrar No. _____
 Local Registrar No. 49

2. Full name of child Vasclio Mayo.
(If birth occurred in a hospital or institution, give its St. _____ Ward _____
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?	7. Date of birth
Male.			Yes	<u>3 14 1925</u> Month Day Year
		5. No., in order of birth		

8. **FATHER**
 Full name Angel Mayo,
 9. Residence (Usual place of abode) Globe,
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 41 (Years)
 12. Birthplace (city or place) Mexico,
 (State or country)
 13. Occupation
 Nature of Industry Woodchopper,

14. **MOTHER**
 Full maiden name Teressa Castallo,
 15. Residence (Usual place of abode) Globe,
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 27 (Years)
 18. Birthplace (city or place) Mexico,
 (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 <u>5</u>	(b) Born alive but now dead <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
	(c) Stillborn <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive at 5 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 evidence of life after birth.
 Signature G. E. Wightman
 Address Globe, Ariz.
(Physician or midwife.)

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

Registrar _____

Filed _____, 19 _____

Filed Mar. 17th, 26 G. E. Wightman
Local Registrar.

G. E. Wightman
County Registrar.

546-314-336