

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. 179

County Registrar No. _____

Local Registrar No. 36

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

2. Full name of child Roy Santa Cruz Jr. } 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. no 5. No., in order of birth. 2 6. Legitimate? yes 7. Date of birth March 23, 1925
Month day year

8. FATHER		14. MOTHER	
Full name <u>Roy Santa Cruz</u>		Full maiden name <u>Frances Carisosa</u>	
9. Residence (Usual place of abode) If nonresident, give place and state <u>Globe, Ariz.</u>		15. Residence (Usual place of abode) If nonresident, give place and state <u>Globe, Ariz.</u>	
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>22</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>21</u> (Years)
12. Birthplace (city or place) (State or country) <u>Jerome, Ariz.</u>		18. Birthplace (city or place) (State or country) <u>Globe, Ariz.</u>	
13. Occupation Nature of industry <u>miner</u>		19. Occupation Nature of industry <u>Housewife</u>	

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 3 (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 9:35 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.
Given name added from a supplemental report _____
Signature T.C. Harper, M.D.
Address Globe, Ariz.
Filed Apr. 1, 1925 Dr. Wightman
Month, day, year. Local Registrar.

Registrar.

Filed _____ 19____ County Registrar.

939-323-631

100 more than for each, and the number of each.

In order of _____ stated.

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