

## PLACE OF BIRTH

1. County of Gila,  
 District of Globe,  
 Town of \_\_\_\_\_  
 or  
 City of Globe,

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 105

No. Blake Addition, St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Irene Bidalez, { 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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 4 5 1925  
 Month Day Year

8. FATHER  
 Full name Cerilo Bidalez,  
 9. Residence (Usual place of abode) Globe,  
 If non-resident, give place and state.  
 10. Color or race Mex. 11. Age at last birthday 36 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Laborer  
 Nature of industry

14. MOTHER  
 Full maiden name Candelaria Feliz,  
 15. Residence (Usual place of abode) Globe,  
 If non-resident, give place and state.  
 16. Color or race Mex. 17. Age at last birthday 32 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation Housewife,  
 Nature of industry

20. Number of children of this mother } (a) Born alive and now living 10,  
 (Taken as of time of birth of child herein } (b) Born alive but now dead 1  
 certified and including this child.) } (c) Stillborn \_\_\_\_\_ 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 Alive, at 2.30 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. Wythe  
 Address Globe, Ariz. (Physician or midwife).

Given name added from a supplemental report. Filed Jan. 15th, 25 W. J. J. J.  
 Month, day, year Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

929-405-369