

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of \_\_\_\_\_

or

City of Globe

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 172

County Registrar No. \_\_\_\_\_

Local Registrar No. 1132. Full name of child Maria Refugia Braeamonte  
(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 F  
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 4-17-25  
Month day year8. FATHER  
Full name Frank Braeamonte  
9. Residence McMillan Road  
(Usual place of abode) Globe  
If nonresident, give place and state14. MOTHER  
Full maiden name Gertrude Vargas  
15. Residence Globe Ariz  
(Usual place of abode)  
If nonresident, give place and state10. Color or race Mex  
11. Age at last birthday 36 (Years)16. Color or race Mex  
17. Age at last birthday 31 (Years)12. Birthplace (city or place) Globe  
(State or country) Ariz18. Birthplace (city or place) Lower Calif  
(State or country) Mexico13. Occupation  
Nature of industry Truck Driver19. Occupation  
Nature of industry wife20. 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 5  
(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 alive at 10 P. on the date above stated.  
(Born alive or stillborn.)Signature M. N. Horst  
(Physician or midwife)  
Address Globe ArizGiven name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Apr 30, 1925 Local Registrar.

Registrar. \_\_\_\_\_ County Registrar.

425-417-752

17. 21.—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.

BIRTH

DATE

COUNTY

LOCAL

8

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