

N. B.—In case of more than one child at a birth, 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 Globe,
 Town of _____
 or
 City of Globe,

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194
 County Registrar No. _____
 Local Registrar No. 122

No. Pinal Street, St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Edwardo Osacte, { 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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth 4 27 1925
 Month Day Year

8. FATHER
 Full name Tranquilino Osacte,
 9. Residence (Usual place of abode) Globe,
 If non-resident, give place and state. Ariz.
 10. Color or race Mex.
 11. Age at last birthday 39 (Years)
 12. Birthplace (city or place) Durango,
 (State or country) Mexico,
 13. Occupation Miner,
 Nature of industry

14. MOTHER
 Full maiden name Antonia Ramos,
 15. Residence (Usual place of abode) Globe,
 If non-resident, give place and state. Ariz.
 16. Color or race Mex.
 17. Age at last birthday 36 (Years)
 18. Birthplace (city or place) Derango,
 (State or country) Mex.
 19. Occupation Housewife,
 Nature of industry

20. Number of children of this mother } (a) Born alive and now living 5
 (Taken as of time of birth of child herein } (b) Born alive but now dead 2
 certified and including this child.) } (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 3: 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 evidence of life after birth.
 Signature G. E. Wylliam (Physician or midwife.)
 Address Globe, Ariz.

Given name added from a supplemental report. Filed Apr 30 1925 Local Registrar.

Month, day, year Registrar Filed _____, 19____ County Registrar.

565-427-192