

WRITE PLAIN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 217  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 125

2. Full name of child Rodolfo Jones  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
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 single. Legitimate? yes   
 5. No., in order of birth 1   
 7. Date of birth May 20, 1925  
 Month May day 20 year 1925

8. FATHER  
 Full name Elaborio Jones  
 9. Residence (Usual place of abode) Globe, Ariz.  
 If nonresident, give place and state \_\_\_\_\_  
 10. Color or race Mexican  
 11. Age at last birthday 23 (Years)  
 12. Birthplace (city or place) El Paso Texas  
 (State or country) \_\_\_\_\_  
 13. Occupation  
 Nature of industry Laborer

14. MOTHER  
 Full maiden name Leonora Guerra  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If nonresident, give place and state \_\_\_\_\_  
 16. Color or race Mexican  
 17. Age at last birthday 16 (Years)  
 18. Birthplace (city or place) Silver City New 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 one  
 (b) Born alive but now dead none  
 (c) Stillborn none  
 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 6:20 p. on the date above stated.  
 (Born alive or stillborn.)

Signature J. C. Harper, M. D.  
 Address Globe, Ariz.  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year. \_\_\_\_\_  
 Filed May 31, 1925 \_\_\_\_\_  
 Local Registrar. J. W. Brown  
 County Registrar. Ho

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

932-520-371