

WRITE P.L.A. - I 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. 218
 County Registrar No. _____
 Local Registrar No. 134

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

2. Full name of child Adolfo Jones } 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 twins. Legitimate? yes
 5. No., in order of birth 2
 7. Date of birth May 20, 1925
 Month day year

6. FATHER
 Full name Elborio Jones

14. MOTHER
 Full maiden name Leonora Guerra

9. Residence (Usual place of abode) Globe, Ariz.
 If nonresident, give place and state

15. 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)

16. Color or race Mexican
 17. Age at last birthday 16 (Years)

12. Birthplace (city or place) El Paso, Texas
 (State or country)

18. Birthplace (city or place) Silver City, N. Mexico
 (State or country)

13. Occupation
 Nature of industry Laborer

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 two
 (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 6:30 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.
 Signature J. R. Harper, M.D.
 Address Globe, Ariz. (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year. Filed May 25, 1925

Registrar. _____ Local Registrar. J. W. West
 County Registrar. _____

139-520-371