ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 219
Registered No. 133

1. PLACE OF BIRTH
County Gila State
District or Township or Village
City Globe No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child David Louis Barraza
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child M
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 5 - 20 - 1925 (Month Day Year)

FATHER
8. Full name Joe L. Barraza
9. Residence (Usual place of abode) Ruiz Canyon PO Box 796
If non-resident, give place and state. Globe
10. Color or race MEX
11. Age at last birthday 25 (Years)
12. Birthplace (city or place)
(State or country) Mexico
13. Occupation Musician
Nature of industry

MOTHER
14. Full maiden name Felipa Alvarado
15. Residence (Usual place of abode)
If non-resident, give place and state. Globe Ariz
16. Color or race MEX
17. Age at last birthday 23 (Years)
18. Birthplace (city or place)
(State or country) Mexico
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 (Born alive or stillborn) at 9 A. m. on the date above stated

*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 W. W. Hunt
Globe Ariz
(Physician or midwife)
Address Box 796

Given name added from a supplemental report
Month, day, year
Registrar

Filed May 30, 1925 W. W. Hunt
Registrar

421-520-616

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD