

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

State File No. 239  
 Registered No. 138

1. PLACE OF BIRTH  
 County Gila State Ariz  
 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 Manuela Duarte  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 May 28-25  
 Month Day Year

8. FATHER  
 Full name Fred Duarte  
 9. Residence (Usual place of abode) Globe Ariz  
 If non-resident, give place and state. Ariz  
 10. Color or race Mex.  
 11. Age at last birthday 29 (Years)

14. MOTHER  
 Full maiden name Aurelia Rosales  
 15. Residence (Usual place of abode) Globe Ariz  
 If non-resident, give place and state. Ariz  
 16. Color or race Mex.  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation  
 Nature of Industry Laborer

18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother 3  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (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 born alive at 5:24 a.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 A. Adams  
Globe  
 (Physician or midwife)

Given name added from a supplemental report. Address Ariz

Month, day, year \_\_\_\_\_  
 Filed May 28, 1925 A. Adams  
 Registrar Registrar

445-528-192

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.  
 WITH UNFADING INK—THIS IS A PLAIN COPY RESERVED FOR LEGAL PURPOSES.  
 WRITE PLAIN.