

## PLACE OF BIRTH

1. County of Gila

District of \_\_\_\_\_

Town of Globe

or

City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 250

County Registrar No. \_\_\_\_\_

Local Registrar No. 142

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elvira Bienes } 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 L 5. No., in order of birth L 6. Legitimate? yes 7. Date of birth May 30, 1925Month May day 30 year 19258. FATHER Full name Fidel Bienes 14. MOTHER Full maiden name Marcelina Salinas9. Residence (Usual place of abode) Los Angeles, Calif. 15. Residence (Usual place of abode) Globe, Ariz.  
If nonresident, give place and state10. Color or race Mexican 16. Color or race Mexican  
11. Age at last birthday 28 (Years) 17. Age at last birthday 27 (Years)12. Birthplace (city or place) Clifton Ariz. 18. Birthplace (city or place) El Paso, Texas  
(State or country)13. Occupation Laborer 19. Occupation Housewife  
Nature of industry20. Number of children of this mother (a) Born alive and now living two 21. Were precautions taken against ophthalmia neonatorum? yes  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead none  
(c) Stillborn none

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 7 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 evidences of life after birth.  
Signature J. E. Harper, M. D.  
(Physician or midwife)  
Address Globe, Ariz.Given name added from supplemental report \_\_\_\_\_  
Month, day, year. Filed May 31, 1925 Local Registrar. W. W. Wintont

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

Filed 7/10 19 \_\_\_\_\_

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

522-530-422

WRITE PLAINLY WITH UNFAINT 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 in order of birth stated.