

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

State File No. 194  
 Registered No. 161

1. PLACE OF BIRTH  
 County Gila State Ariz.  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Adalvia Delgado  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 6-24-25  
 Month Day Year

8. FATHER  
 Full name Juan Delgado  
 9. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.  
 10. Color or race Mexican  
 11. Age at last birthday 32 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation  
 Nature of industry Labourer

14. MOTHER  
 Full maiden name Maria Cosia  
 15. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.  
 16. Color or race Mex  
 17. Age at last birthday 24 (Years)  
 18. Birthplace (city or place) Tucson Ariz.  
 (State or country)  
 19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 6  
 (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 1  
 (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 12:30 P.m. on the date above stated  
 (Born alive or stillborn)

Signature [Signature]  
Globe Ariz.  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year

Filed 6/30, 1925 10:20 [Signature]  
 Registrar Registrar

146-624-431

MARGIN RESERVED FOR BINDING  
 WRITE PL. 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.  
 \*Y WITH UNFADING INK—THIS IS A PERMANENT RECORD