

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Globe

District of _____

Town of Globe

or _____

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 146

County Registrar No. _____

Local Registrar No. _____

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

2. Full name of child Demetrio Ybarra3. Sex of Child MaleTo be answered ONLY
in event of plural
births.4. Twin, triplet or other. -6. Legitimate? yes7. Date of birth July 4, 1925
Month day year

5. No., in order of birth. _____

If child is not yet named, make
supplemental report, as directed.3. FATHER
Full name Santos Ybarra9. Residence
(Usual place of abode) Globe, Ariz.
If nonresident, give place and state10. Color or race Mexican11. Age at last birthday 35 (Years)12. Birthplace (city or place) Mexico
(State or country)13. Occupation
Nature of industry Miner14. MOTHER
Full maiden name Amelia Olivas15. Residence
(Usual place of abode) Globe, Ariz.
If nonresident, give place and state16. Color or race Mexican17. Age at last birthday 33 (Years)18. Birthplace (city or place) Tempe
(State or country) Arizona19. Occupation
Nature of industry Housewife20. 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 six
(b) Born alive but now dead none
(c) Stillborn none21. Were precautions taken against oph-
thalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 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. C. Harper, M.D.
(Physician or midwife)
Address Globe, Ariz.Given name added from
supplemental report Filed 7/30, 1925 W. W. Hovet
Local Registrar.Month, day, year. Filed _____, 19____
County Registrar.481-704-162
Registrar.WRITE MAINLY 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.