

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

State File No. 162  
 Registered No. 248

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Globe No. Devenant St. on Postage Hill Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child** Roberto Orellano

{ If child is not yet named, make supplemental report, as directed.

<b>3. Sex of Child</b> <u>male</u>	<b>To be answered ONLY in event of plural births.</b>	<b>4. Twin, triplet or other</b> <u>no</u>	<b>6. Legitimate?</b> <u>yes</u>	<b>7. Date of birth</b> <u>Sept. 27, 1925</u> Month Day Year
		<b>5. No., in order of birth</b> <u>1</u>		

**8. FATHER**  
 Full name Anastacia Orellano

**14. MOTHER**  
 Full maiden name Maria Valgu

**9. Residence (Usual place of abode)** Globe, Ariz.  
 If non-resident, give place and state.

**15. Residence (Usual place of abode)** Globe, Ariz.  
 If non-resident, give place and state.

**10. Color or race** Mexican  
**11. Age at last birthday** 33 (Years)

**16. Color or race** Mexican  
**17. Age at last birthday** 23 (Years)

**12. Birthplace (city or place)** Mexico  
 (State or country)

**18. Birthplace (city or place)** Mexico  
 (State or country)

**13. Occupation**  
 Nature of industry miner

**19. Occupation**  
 Nature of industry Housewife

**20. 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 three  
 (b) Born alive but now dead one  
 (c) Stillborn none

**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 3:15 p.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 T.C. Harper, M.D.

Address Globe, Ariz.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 9.6.6 - 9.27 - 45  
 Registrar

Filed 9/30 1925 W.W. Hoyt  
 Registrar