

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 175
Registered No. 391

1. PLACE OF BIRTH
County Globe State _____

District or Township _____ or Village _____
City Globe No. South Globe - near Section House Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mary Guerrero
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F 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 Nov 21 - 1925
Month Day Year

8. FATHER
Full name Jos Bernay Guerrero

14. MOTHER
Full maiden name Maggie Flores

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 Mex
11. Age at last birthday 24 (Years)

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

12. Birthplace (city or place) Globe
(State or country) ariz

18. Birthplace (city or place) Apache - ar
(State or country)

13. Occupation Laborer
Nature of industry _____

19. Occupation Housework
Nature of industry _____

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 alive at 12:30 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 W. W. Hunt M.D.
Globe ariz.
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Registrar W. W. Hunt

Address _____
Filed Nov 30, 1925 W. W. Hunt
Registrar

Father died Aug 2 of Typhoid 1171-1171-469

THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.