

WRITE PLAINLY 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.

PLACE OF BIRTH

1. County of _____
 District of _____
 Town of _____
 or _____
 City of _____ No. _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152
 County Registrar No. _____
 Local Registrar No. 449

2. Full name of child Jane Pobles (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 M To be answered ONLY in event of plural births.
 4. Twin, triplet, etc. no
 5. No., in order of birth 2nd
 6. Legitimate? yes
 7. Date of birth 1 13 26
 Month Day Year

8. FATHER
 Full name Alfredo Pobles
 9. Residence (Usual place of abode) Mamilitig
 If non-resident, give place and state.
 10. Color or race Mex.
 11. Age at last birthday 38 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Mexican
 Nature of Industry

14. MOTHER
 Full maiden name Estela Alvarez
 15. Residence (Usual place of abode) Mamilitig
 If non-resident, give place and state. Ariz.
 16. Color or race Mex
 17. Age at last birthday 30 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation H. W.
 Nature of Industry

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 3
 (b) Born alive but now dead _____
 (c) Stillborn _____
 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 5:15 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 C. J. Perkins (Physician or midwife).
 Address _____

Given name added from a supplemental report _____
 Month, day, year _____
 Filed Jan 24 1926 J. E. Doria Local Registrar.
 Registrar _____ Filed _____ 19 _____ County Registrar.

192-113-419