

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

State File No. 201  
 Registered No. 21

**1. PLACE OF BIRTH**

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

**2. Full name of child**

Theodore Juan Serna (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 or other**

\_\_\_\_\_ **5. No., in order of birth** \_\_\_\_\_

**6. Legitimate?**

yes

**7. Date of birth**

Jan 27-1926  
 Month Day Year

**8. FATHER**

Full name Theodore Serna

**14. MOTHER**

Full maiden name Ella Tewksbury

**9. Residence**

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

**15. Residence**

(Usual place of abode) Globe  
 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** 28 (Years)

**12. Birthplace (city or place)**

(State or country) Mexico

**18. Birthplace (city or place)**

(State or country) Globe Ariz

**13. Occupation**

Nature of industry Laborer  
mines

**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 6

(b) Born alive but now dead 2

(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 8:40 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. Horst M.D.  
Globe Ariz.  
 (Physician or midwife).

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

Address \_\_\_\_\_  
 Filed Jan 31, 1926 W. W. Horst  
 Registrar

321-127-538

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.