ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 169

Registered No. 88

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Globe No. St., Ward

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

2. Full name of child: Enrrigue Guerrero { If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male

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: 4-26-26 (Month Day Year)

FATHER

8. Full name: Ventura Guerrero

9. Residence (Usual place of abode): Globe

If non-resident, give place and state: Arizona

10. Color or race: Mex

11. Age at last birthday: 27 (Years)

12. Birthplace (city or place): Metcalf

(State or country): Ariz.

13. Occupation: Miner

Nature of industry:

MOTHER

14. Full maiden name: Enrriguetta Garcia

15. Residence (Usual place of abode): Globe

If non-resident, give place and state: Ariz

16. Color or race: Mex

17. Age at last birthday: 23 (Years)

18. Birthplace (city or place): Mexico

(State or country):

19. Occupation: Housewife

Nature of industry:

20. Number of children of this mother: 3

(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: 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 born alive (Born alive or ~~stillborn~~.) at 2:00 a.m. on the date above stated

*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 W Adams

Physician

(Physician or ~~midwife~~)

Address: Globe Ariz.

Given name added from a supplemental report

Month, day, year

Registrar

Filed 4/30/26 W W Forst

Registrar

576-426-571