

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

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS

State Index No. 144

District of .....

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. ....

Town of .....

Local Registrar No. 148

or

City of Globe

No. Martin Hill St. .... Ward

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

2. Full name of child Unnamed - Stillborn { 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 7-15-26 Month Day Year

8. FATHER Full name Pedro Martinez

14. MOTHER Full maiden name Paulina Cordova

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 37 (Years)

16. Color or race Mex 17. Age at last birthday 28 (Years)

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

18. Birthplace (city or place) Clifton Ariz (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 2 (b) Born alive but now dead 3 (c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was stillborn at 12:15 P.m. on the date above stated (If 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 N. H. Horst (Physician or midwife). Address Globe

Given name added from a supplemental report. Filed 7-31 1926 N. H. Horst Local Registrar.

Registrar Filed ....., 19... County Registrar

049-715-731