

COPIES REQUIRED FOR BIRTH RECORD

WH UNFADING INK—THIS IS A PERMANENT RECORD

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

District of \_\_\_\_\_

Town of \_\_\_\_\_

or Globe

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 144

County Registrar No. \_\_\_\_\_

Local Registrar No. 179

No. 4 Willow St.  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

St. \_\_\_\_\_ Ward \_\_\_\_\_  
If child is not yet named, make supplemental report, as directed.

2. Full name of child Rito Sandoval

3. Sex of Child  
male

To be answered ONLY in event of plural births.

4. Twin, triplet or other. \_\_\_\_\_

6. Legitimate? yes

7. Date of birth Aug. 4, 1926  
Month day year

5. No., in order of birth. 4

3. FATHER  
Full name Rito Sandoval

14. MOTHER  
Full maiden name Stephana Lopez

9. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Arizona  
If nonresident, give place and state

10. Color or race  
Mexican

11. Age at last birthday 34 (Years)

16. Color or race  
Mexican

17. Age at last birthday 25 (Years)

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

18. Birthplace (city or place) New Mexico  
(State or country) U.S.A.

13. Occupation  
Nature of industry plumber

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 Five  
(b) Born alive but now dead one  
(c) Stillborn none

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 at 1:20 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 evidences of life after birth.

Signature T. J. Harper M.D.  
(Physician or midwife)

Address Globe Arizona

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

Filed 8-31, 1926 D. St. Novak  
Local Registrar.

Registrar. \_\_\_\_\_

Filed \_\_\_\_\_  
County Registrar.

923-804-239