ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 146 V

Registered No. 193

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: Mebes Alvarado

{ 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: 8-5-26 (Month Day Year)

8. FATHER

Full name: Jesus Alvarado

9. Residence (Usual place of abode): Globe

If non-resident, give place and state. Ariz.

10. Color or race: Mex

11. Age at last birthday: 27 (Years)

12. Birthplace (city or place)

(State or country): Mexico

13. Occupation

Nature of industry: Miner.

14. MOTHER

Full maiden name: Angila Dominguez

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: 25 (Years)

18. Birthplace (city or place): Safford

(State or country): Arizona

19. Occupation

Nature of industry: Housewife.

20. Number of children of this mother: 5

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 5

(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 at 11:30 A 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 W Adams

Physician ~~or midwife~~.

Given name added from a supplemental report

Month, day, year

Address: Globe, Ariz.

Registrar

Filed 8/31, 1926 St. St. Horst

Registrar

416-805-149

WRITE PLAINLY WITH 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.