

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number in order of birth stated.

PLACE OF BIRTH

1. County of Gila,
District of Globe,
Town of _____
or
City of Globe,

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 188
County Registrar No. _____
Local Registrar No. 177

No. South Globe, St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarite Aydee, } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? _____
5. No., in order of birth. _____ 7. Date of birth 8 19 1926
Month day year

8. FATHER Full name _____		14. MOTHER Full maiden name <u>Catherine Parada,</u>	
9. Residence (Usual place of abode) If nonresident, give place and state _____		15. Residence (Usual place of abode) <u>Globe, Ariz.</u> If nonresident, give place and state _____	
10. Color or race _____	11. Age at last birthday _____ (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) _____ (State or country)		18. Birthplace (city or place) <u>Sonora, Mexico.</u> (State or country)	
13. Occupation Nature of industry _____		19. Occupation <u>General House Work</u> Nature of industry _____	

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 1
(b) Born alive but now dead _____
(c) Stillborn _____

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 6: 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 evidences of life after birth.
Given name added from a supplemental report _____
Signature J. E. Wylstrom
(Physician or midwife)

Address Globe, Ariz.
Filed 8/31 1926 W. W. Nowat
Month, day, year. Local Registrar.

Registrar. _____ Filed _____ 19 _____ County Registrar.

415-819-371