

WRITE LINELY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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 <u>Gila</u>		BUREAU OF VITAL STATISTICS	
District of _____		ORIGINAL CERTIFICATE OF BIRTH	
Town of _____		State Index No. <u>119</u>	
or <u>Globe</u>		County Registrar No. _____	
City <u>Globe</u>		Local Registrar No. <u>201</u>	
No. <u>Santee St.</u>		St. _____ Ward _____	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Hortensia Arroya</u> } If child is not yet named, make supplemental report, as directed.			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?
<u>Female</u>	<input checked="" type="checkbox"/>	<u>2</u>	<u>yes</u>
5. No. in order of birth <u>2</u>		7. Date of birth <u>Sept. 5, 1926</u>	
		Month      day      year	
FATHER		MOTHER	
8. Full name <u>Ramon Arroya</u>		14. Full maiden name <u>Guadalupe Lopez</u>	
9. Residence (Usual place of abode)		15. Residence (Usual place of abode)	
<u>Globe, Ariz.</u>		<u>Globe, Arizona</u>	
11. Age at last birthday <u>46</u> (Years)		17. Age at last birthday <u>39</u> (Years)	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Truck Driver</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>Eight</u>		<u>yes</u>	
(b) Born alive but now dead <u>none</u>			
(c) Stillborn <u>none</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>3:30 p.m.</u> 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 <u>J. S. Harper M.D.</u>	
		Address <u>Globe, Arizona</u>	
Month, day, year. _____		Filed _____ 19____	
Registrar. _____		Filed <u>9/30</u> <u>26</u> <u>M. J. Horst</u>	
		Local Registrar. _____ County Registrar. _____	

811-905-739