PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

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

State Index No. 156
County Registrar No.
Local Registrar No. 207

No. Near Standard Oil Tanks St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Florez — 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: ✓
5. No., in order of birth: ✓
6. Legitimate? yes
7. Date of birth: Sept. 22, 1926 (Month, day, year)

8. FATHER
Full name: Pedro Florez
9. Residence (Usual place of abode): Globe, Arizona
If nonresident, give place and state
10. Color or race: Mexican
11. Age at last birthday: 22 (Years)
12. Birthplace (city or place): Fort Apache
(State or country): Arizona
13. Occupation
Nature of industry: Miner

14. MOTHER
Full maiden name: Frances Gallegas
15. Residence (Usual place of abode): Globe, Arizona
If nonresident, give place and state
16. Color or race: Mexican
17. Age at last birthday: 20 (Years)
18. Birthplace (city or place): Mexico
(State or country)
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: None
(b) Born alive but now dead: None
(c) Stillborn: One

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 (Born alive or stillborn.) at 11:40 p.m. on the date above stated.

*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. C. Harper M.D. (Physician or midwife)
Address: Globe, Arizona.

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

Filed ..... 19..... Local Registrar.

Registrar.

Filed 9/30 26 W. W. Horst County Registrar.

069-922-672

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.