

WRITE PLAINLY. 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
Gila

ARIZONA STATE BOARD OF HEALTH

1. County of Gila
 District of Globe
 Town of Cutter
 or
 City of 8 Mil. South of Globe

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180
 County Registrar No. 226
 Local Registrar No. 226

2. Full name of child Andrae Trujello
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.
 3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. Legitimate? Yes 6. Date of birth Oct 21 - 1926
Month day year

5. FATHER
 Full name Francisco Trujello
 9. Residence (Usual place of abode) Cutter Ariz.
If nonresident, give place and state (New Globe)
 10. Color or race Mex
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Torreon Coahuila
(State or country) Mexico
 13. Occupation R.R. Laborer
Nature of Industry

14. MOTHER
 Full maiden name Rafina Diaz
 15. Residence (Usual place of abode) Cutter Ariz.
If nonresident, give place and state
 16. Color or race Mex
 17. Age at last birthday 21 (Years)
 18. Birthplace (city or place) Globe
(State or country) Ariz.
 19. Occupation wife
Nature of industry

20. Number of children of this mother { (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.) 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 (Born alive or ~~was born~~) at 8:50 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.
 Given name added from a supplemental report Signature N. W. Wolf
(Physician or midwife)
 Address Globe Ariz.
 Filed 10-31-26 N. W. Wolf
Month, day, year. Local Registrar.
 Registrar. Filed 19 County Registrar.

136-1021-942