WRITE PLAINLY 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of

or

City of Globe No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 117

County Registrar No.

Local Registrar No. 237

2. Full name of child Elidia Sandoval — 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: Nov. 2, 1926 (Month, day, year)

8. FATHER

Full name Ramon Sandoval

9. Residence (Usual place of abode)

If nonresident, give place and state Globe, Arizona

10. Color or race: Mexican

11. Age at last birthday 30 (Years)

12. Birthplace (city or place) (State or country) Mexico

13. Occupation

Nature of Industry Truck Driver

14. MOTHER

Full maiden name Maria Guerrero

15. Residence (Usual place of abode)

If nonresident, give place and state Globe, Arizona

16. Color or race: Mexican

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) (State or country) Lordsburg New Mexico

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 Three

(b) Born alive but now dead One

(c) Stillborn none

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 (Born alive or stillborn.) at 2:45 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 11-30, 1926 — N. St. Horst, Local Registrar.

Registrar.

Filed ..... 19.... — County Registrar.

523-1102-476