

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 149

District of _____

County Registrar No. _____

Town of _____

Local Registrar No. 241

or
 City of Globe

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

2. Full name of child Charles David League } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male 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. 14, 1926
 Month Nov. day 14 year 1926

3. FATHER
 Full name Frank League
 9. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state _____

14. MOTHER
 Full maiden name Concha Vindola
 15. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state _____

10. Color or race white
 11. Age at last birthday 40 (Years)

16. Color or race Mexican
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Kingston, New Mexico
 (State or country) _____

18. Birthplace (city or place) Arizona
 (State or country) _____

13. Occupation miner
 Nature of industry _____

19. Occupation Housewife
 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 Five
 (b) Born alive but now dead Two
 (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 at 3:10 p.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.
 Signature T. C. Harper M.D.
 Address Globe, Arizona

Given name added from a supplemental report _____
 Month, day, year. _____ Filed 11-30 1926 _____
 Local Registrar. W. S. Horst

Registrar. _____

Filed _____ 19____
 County Registrar. _____

335-1114-351