

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

1. County of Gila

District of _____

Town of _____

or Globe
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 175

County Registrar No. _____

Local Registrar No. 244

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

2. Full name of child Consuelo Conteraras } 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. 22, 1926
 Month Nov. day 22 year 1926

8. FATHER
 Full name Juan Conteraras
 9. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state _____
 10. Color or race Mexican
 11. Age at last birthday 30 (Years)
 12. Birthplace (city or place) Mexico
 (State or country) _____
 13. Occupation
 Nature of industry miner

14. MOTHER
 Full maiden name Amelia Lopez
 15. Residence (Usual place of abode) Globe, Arizona
 If nonresident, give place and state _____
 16. Color or race Mexican
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Globe, Arizona
 (State or country) _____
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother } (a) Born alive and now living three
 (Taken as of time of birth of child herein } (b) Born alive but now dead one
 certified and including this child.) } (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 1 A. m. on the date above stated.
 (Born alive or stillborn.)

Signature J. C. Harper, M.D. (Physician or midwife)
 Address Globe, Arizona

Filed 11-30 1926 Dr. J. J. Horst
 Month, day, year. Local Registrar.

Registrar. _____ County Registrar.

332-1122-139