

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 157

Registered No. 28

1. PLACE OF BIRTH

County Gila State Ariz.

District or Township _____ or Village _____

City Globe No. _____ St. _____ Ward _____

2. Full name of child Katherine Snatching (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 2-13-28. Month Day Year

8. FATHER Full name Ronald Martinez

14. MOTHER Full maiden name Sarah Rivera

9. Residence (Usual place of abode) Globe, Ariz. If non-resident, give place and state.

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10. Color or race Mexican 11. Age at last birthday 21 (Years)

16. Color or race Mexican 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Three Rivers New Mex. (State or country)

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

13. Occupation Laborer Nature of industry

19. Occupation Housewife Nature of industry

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 5:50 P.M. (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 evidence of life after birth.

Signature T.C. Harper (Physician or midwife)

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filed 3/10 1928 J.E. Weylin Registrar

249-213-291

order of birth stated.