

Use of more than one child at a birth, a SEPARATE RETURN must be filed for each child in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 15
Registered No. 32

1. PLACE OF BIRTH

County Esila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Diaz { If child is not yet named, in 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 2-22-19
Month Day Year

8. FATHER
Full name Adolfo Diaz
9. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 54 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation Woodchopper
Nature of industry

14. MOTHER
Full maiden name Lena Lopez
15. Residence (Usual place of abode) Globe Ariz.
If non-resident, give place and state.
16. Color or race Mex.
17. Age at last birthday 29
18. Birthplace (city or place) Flourens Ariz.
(State or country)
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 6 } (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1
(c) Stillborn 1 21. Were precautions taken against opthalmia neonatorum? X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 4:30 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 evidence of life after birth.
Signature T. S. Harper (Physician or midwife)
Address Globe, Ariz.
Given name added from a supplemental report _____
Month, day, year _____
Filed 3/10 1925 W. E. Whiplin Registrar

949-222-339