

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 187

Registered No. 34

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Globe

No.

St.

Ward

2. Full name of child Modesta Celia Less

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

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

Female

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

Yes.

7. Date of birth

Month Day Year

2-24-28.

8. FATHER

FATHER

Full name Arnulfo Less

14. MOTHER

MOTHER

Full maiden name Louise Strey

9. Residence (Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

15. Residence (Usual place of abode)

If non-resident, give place and state.

Globe Ariz.

10. Color or race

Mexican

11. Age at last birthday 36 (Years)

16. Color or race

Mexican

17. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Laborer

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother 8

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 6

(b) Born alive but now dead 2

(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 8:50 A.M. on the date above stated

(Born alive or stillborn.)

Signature T. C. Harper

physician

(Physician or midwife).

Address Globe, Ariz.

Filed 2/10

1928

J. E. Wightman

Registrar

*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.

Given name added from a supplemental report

Month, day, year

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN, in order of birth stated.

432-224-369