ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146

County Registrar No. .....

Local Registrar No. 71

PLACE OF BIRTH

1. County of Gila

District of .....

Town of .....

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 Nick Barraza

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 April 21, 1928 (Month, day, year)

8. FATHER

Full name Nick Barraza

9. Residence (Usual place of abode) Globe, Arizona

If nonresident, give place and state

10. Color or race: mex

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Santa Rosa, (State or country) New Mexico

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Altagracia Espinoza

15. Residence (Usual place of abode) Globe, Ariz.

If nonresident, give place and state

16. Color or race: mexican

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) Ray, (State or country) Arizona

19. Occupation

Nature of industry Housewife

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 One

(b) Born alive but now dead none

(c) Stillborn none

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended after the birth of this child, who was born alive (Born alive or stillborn.) at 4 p.m. on the date above stated.

*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 (Physician ~~[illegible]~~)

Address Globe Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed 5/10, 1928 G. E. Wightman Mrs. Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

521-421-151