

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of

Town of

or

City of GlobeBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 154County Registrar No. 101

Local Registrar No.

No. St. Ward

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

2. Full name of child Fred Cueto } If child is not yet named, make supplemental report, as directed.

3. Sex of Child

MaleTo be answered ONLY
in event of plural
births. -

4. Twin, triplet or other.

5. No., in order of birth.

6. Legitimate? yes7. Date of birth June 23, 1928
Month day year

8. FATHER

Full name Fred Cueto9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

10. Color or race

Mexican11. Age at last birthday 25 (Years)12. Birthplace (city or place) Moenici,(State or country) Arizona

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Juinita Amador15. Residence (Usual place of abode) Globe, Arizona.
If nonresident, give place and state

16. Color or race

Mexican17. Age at last birthday 22 (Years)18. Birthplace (city or place) Clifton,(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 none21. 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 7 A. 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 evidences of life after birth.

Signature T.C. Harper

(Physician or midwife)

Address Globe, Arizona.

Given name added from a supplemental report

Month, day, year.

Filed 7/91928G. E. Deligdis

Local Registrar.

Filed

19

County Registrar.

Registrar.

636-623-617

IN CASE OF MORE THAN ONE CHILD AT A BIRTH, SEPARATE RETURN MUST BE MADE FOR EACH, IN ORDER OF BIRTH STATED.