

case of more than one child or a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 134  
Registered No. 47

1. PLACE OF BIRTH  
County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Apache No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gloria Maria Mathney { 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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 9, 1928  
Month Day Year

8. FATHER  
Full name Teofilo Mathney

14. MOTHER  
Full maiden name Antonia Corona

9. Residence (Usual place of abode) Ray Ariz  
If non-resident, give place and state. o/o Stimpert

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

10. Color or race Mex

16. Color or race Mex

11. Age at last birthday 25 (Years)

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Albuquerque  
(State or country) N.M.

18. Birthplace (city or state) Yuma  
(State or country) Ariz

13. Occupation Checking Clerk  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 2 (a) Born alive and now living 2  
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead \_\_\_\_\_  
(c) Stillborn \_\_\_\_\_

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 \_\_\_\_\_ at 3:25 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 Charles B. Huete, M.D.  
(Physician or midwife)

Given name added from \_\_\_\_\_ Address Hayden, Arizona  
supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_

Registrar. \_\_\_\_\_ Filed July 12, 1928 M. D. Nash Registrar.  
749-709-131