

In order of birth stated. SEPARATE RETURN must be made for each, and the number of children at a birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Globe

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185

County Registrar No. _____

Local Registrar No. 132

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pantuliona Licca } 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. no 6. Legitimate? yes 7. Date of birth July 27, 1928
Month July day 27 year 1928

8. FATHER
Full name Louis Licca

14. MOTHER
Full maiden name Soledad Sanchez

9. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

15. Residence (Usual place of abode) Globe, Arizona
If nonresident, give place and state

10. Color or race Mexican

16. Color or race Mexican

11. Age at last birthday 26 (Years)

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living Three (b) Born alive but now dead Two (c) Stillborn none 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 11:55 p. 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 J. C. Harper (Physician or midwife)
Address Globe, Arizona

Given name added from supplemental report _____ Filed 8/9 1928 G. F. Wylone Local Registrar.

Month, day, year. _____ Filed _____ 19____ County Registrar.

Registrar.

County Registrar.

731-727-227