

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

State File No. 139
Registered No. 149

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City 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

Sarah Magens

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

3. Sex of Child

To be answered ONLY in event of plural births.

F

4. Twin, triplet or other

5. No., in order of birth 11

6. Legitimate?

yes

7. Date of birth

Aug 15 - 28
Month Day Year

8. FATHER
Full name Solero Magens

9. Residence
(Usual place of abode) Euclid Ave
If non-resident, give place and state.

10. Color or race
W

11. Age at last birthday 46 (Years)

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

13. Occupation
Nature of industry Minister

14. MOTHER
Full maiden name Marcelena Cuello

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

16. Color or race
W

17. Age at last birthday 42 (Years)

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

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 11
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7
(b) Born alive but now dead 4
(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 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 R. D. Fermedy
(Physician or midwife).

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

Address _____
Filed 9/15, 1928 G. E. Waghman
Registrar

246-818-431

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.