

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

State File No. 155  
Registered No. 152

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

Philip Cortez

(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

Aug. 23, 1928  
Month Day Year

8. FATHER

Full name

Nicholas Cortez

9. Residence  
(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

10. Color or race

Mexican

11. Age at last birthday 23 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of industry

Laborer

14. MOTHER

Full maiden name

Julia Pausa

15. Residence  
(Usual place of abode)

If non-resident, give place and state.

Globe, Ariz.

16. Color or race

Mexican

17. Age at last birthday 16 (Years)

18. Birthplace (city or place)

(State or country)

Mexico

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 1  
(b) Born alive but now dead 0  
(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 born alive at 3:00 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

J. C. Harper

(Physician or midwife)

Address

Globe, Ariz.

Given name added from a supplemental report

Month, day, year

Filed

9/13, 1928 G. E. W. [Signature]  
Registrar

Registrar

739-823-192

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.