

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

State File No. 118
 Registered No. 160

PLACE OF BIRTH

County Gila State Ariz.
 District or Township _____ or Village _____
 City Globe No. _____ St. _____ Ward _____

2. Full name of child Julian Ybarra (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 { 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 Sept. 5, 1928
 Month Day Year

FATHER
 8. Full name Juan Ybarra
 9. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 38 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Miner
 Nature of industry

MOTHER
 14. Full maiden name Lefara Muldarda
 15. Residence (Usual place of abode) Globe, Ariz.
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 25 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 0
 (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 5:00 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 T.C. Harper
physician (Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.

Month, day, year _____ Filled 10/11, 1928 E.E. Wright Registrar

181-905-241

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each child, giving the name, sex, date and place of birth stated.

UNFADING INK—THIS IS A PERMANENT RETURN