

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

State File No. 119
 Registered No. 161

PLACE OF BIRTH

County Gila State Arizona

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

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept. 6, 1928</u> Month Day Year
		5. No., in order of birth		

8. FATHER
Full name Juan Molina

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 25 (Years)

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

13. Occupation miner
Nature of industry

14. MOTHER
Full maiden name Amelia Garcia

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 23 (Years)

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

19. Occupation Housewife
Nature of industry

20. Number of children of this mother <u>5</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>5</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 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 or midwife)

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

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

141-906-171

WRITE PLAINLY WITH SEPARATE RETURN must be made for ea or,ler of birth stated.