

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

State File No. 128  
 Registered No. 163

PLACE OF BIRTH

County Gila State Ariz.

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Elvira Guzman { 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Sept. 8, 1928  
 Month Day Year

8. FATHER  
 Full name Juan Guzman  
 9. Residence (Usual place of abode) Globe, Ariz.  
 If non-resident, give place and state. Ariz.  
 10. Color or race Mexican  
 11. Age at last birthday 39 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Miner  
 Nature of industry

14. MOTHER  
 Full maiden name Juana Alvarez  
 15. Residence (Usual place of abode) Globe, Ariz.  
 If non-resident, give place and state. Ariz.  
 16. Color or race Mexican  
 17. Age at last birthday 38 (Years)  
 18. Birthplace (city or place) Mexico  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 10 (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 3 (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 9:40 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 evidence of life after birth. Signature J. G. Harper (Physician or midwife.)

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

Month, day, year \_\_\_\_\_ Filled 10/11, 1928 E. E. Wightman Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERM.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each child in the order of birth stated.

575-908-119