

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.

SUPPLEMENT ATTACHED

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

State File No. 194
 Registered No. 198

1. 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

Arthur Gilbert Estrada (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

4. Twin, triplet or other

4

6. Legitimate?

yes

7. Date of birth

Oct. 26, 1928
 Month Day Year

8.

FATHER

Full name Theodore Estrada

9. Residence

(Usual place of abode) Globe, Arizona
 If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday

21 (Years)

12. Birthplace (city or place)

Safford, Arizona
 (State or country)

13. Occupation

Nature of industry mine

14.

MOTHER

Full maiden name Dona Pacheco

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

19 (Years)

18. Birthplace (city or place)

Dos Cabezas, Arizona
 (State or country)

19. Occupation

Nature of industry Housewife

20. Number of children of this mother

one

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living one
 (b) Born alive but now dead none
 (c) Stillborn none

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 A.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. G. Harper

physician (Physician or midwife)

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

Address Globe, Arizona

Filed 11/8, 1928 E. E. Wightman, Jr.
 Registrar Registrar

151-1026-476