

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.

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

State File No. 198
Registered No. 199

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Globe 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 Dolores Moya { 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 _____ } 6. Legitimate? yes }
5. No., in order of birth _____ } 7. Date of birth 10-29-1928.
Month Day Year

8. FATHER
Full name Angel Moya
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 40 (Years)
12. Birthplace (city or place) _____
(State or country) Mexico
13. Occupation
Nature of industry Woodman

14. MOTHER
Full maiden name Teresa Gastella
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 29 (Years)
18. Birthplace (city or place) _____
(State or country) Mexico
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 9 } (a) Born alive and now living five } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead three }
(c) Stillborn _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:25 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 G. E. Wightman M.D.
Physician (Physician or midwife).

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

Month, day, year _____
Registrar _____ Filed 11/8, 1928 G. E. Wightman M.D. Registrar

441-1029-376