

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 134  
Registered No. 209

**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 Nicholas puhara { 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 - 6. Legitimate? yes 7. Date of birth Nov. 4, 1928  
Month Day Year

**8. FATHER**  
Full name pete puhara  
9. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

**14. MOTHER**  
Full maiden name Emma Rodriguez  
15. Residence (Usual place of abode) Globe, Arizona  
If non-resident, give place and state.

10. Color or race white  
11. Age at last birthday 47 (Years)

16. Color or race Mexican  
17. Age at last birthday 27 (Years)

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

18. Birthplace (city or place) Ignacio Colorado  
(State or country)

13. Occupation Laborer  
Nature of industry

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother Five (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living Four (b) Born alive but now dead One (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 10:45 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. C. Harper  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
Address Globe Arizona

Month, day, year \_\_\_\_\_  
Filed 12/10, 1928 E. E. Williams  
Registrar Registrar

571-1104-557