

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

State File No. 154  
 Registered No. 215

**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 Avalino Sandoval { 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. 2  
 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth Nov. 10, 1928  
 Month Day Year

**FATHER**  
 Full name Rito Sandoval

**MOTHER**  
 Full maiden name Stephana Lopez

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

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

10. Color or race Mexican  
 11. Age at last birthday 37 (Years)

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

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

18. Birthplace (city or place) Las Cruces, New Mexico  
 (State or country)

13. Occupation Laborer  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother Six  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living Five  
 (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 1 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. E. Harper  
 \_\_\_\_\_  
 (Physician or midwife).

Given name added from \_\_\_\_\_ Address Globe, Arizona  
 Month, day, year

Filed 12/10, 1928 G. E. Wightman  
 Registrar

Registrar

123-410-229