

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. 184
Registered No. 9

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Armond Diaz (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 _____ 5. No., in order of birth _____ 6. Legitimate? Yes. 7. Date of birth 1-27-29
Month Day Year

8. FATHER
Full name Tony Diaz

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 28 (Years)

12. Birthplace (city or place) El Paso
(State or country) Texas

13. Occupation
Nature of industry Auto Salesman

14. MOTHER
Full maiden name Roberta Jaquin

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 24 (Years)

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

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 0 (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 alive at 3³⁰P 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 [Signature] Physician or midwife.

Given name added from a supplemental report _____ Address Globe Ariz

Month, day, year 149-127-915 Registrar
Filed 2/10 1929 [Signature] Registrar