

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. 113  
 Registered No. 18

**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 Artensia Sepulveda  
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 \_\_\_\_\_ 5. No., in order of birth 1st 6. Legitimate? \_\_\_\_\_  
 7. Date of birth 2-4-1929  
Month Day Year

**8. FATHER**  
 Full name Miguel Sepulveda

**14. MOTHER**  
 Full maiden name Marie Valencia

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

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

10. Color or race Mex

11. Age at last birthday 30 (Years)

16. Color or race Mex

17. Age at last birthday 22 (Years)

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

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

13. Occupation Miner  
 Nature of Industry

19. Occupation House wife  
 Nature of Industry

20. Number of children of this mother 3  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3  
 (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 born alive at 4:15 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. C. Harper  
Physician  
(Physician or midwife).

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

Month, day, year \_\_\_\_\_ Filed 3/8 1929 H. E. Wightman, Jr.  
 Registrar Registrar

121-204-451