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

State File No. 174
Registered No. 49

1. PLACE OF BIRTH
County Gila State Ariz.
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 Juan Albo
{ 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 3-15-1929 (Month Day Year)

FATHER
8. Full name Frank Albo
9. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz.
10. Color or race Mexican
11. Age at last birthday 25 (Years)
12. Birthplace (city or place) ..... (State or country) Cuba
13. Occupation Orderly
Nature of industry

MOTHER
14. Full maiden name Mary Banda
15. Residence (Usual place of abode) Globe,
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 16 (Years)
18. Birthplace (city or place) Globe (State or country) Ariz.
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(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 (Born alive or stillborn.) at 6:20 p.m. on the date above stated

* 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).
Address Globe, Arizona

Given name added from a supplemental report .....
Month, day, year
Registrar

Filed 4/8, 1929 G. E. Weightman M.D.
Registrar

116-315-421