

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. 132
Registered No. 63

1. PLACE OF BIRTH

County Gila State Ariz.
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____

2. Full name of child Maria Ybarra
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth 4-9-1929
Month Day Year

8. FATHER
Full name J. alters Ybarra
9. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

10. Color or race Mex.
11. Age at last birthday 39 (Years)

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

13. Occupation miner
Nature of Industry

14. MOTHER
Full maiden name Dominga Senyigo
15. Residence (Usual place of abode) Globe, Ariz.
If non-resident, give place and state.

16. Color or race Mex.
17. Age at last birthday 38 (Years)

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

19. Occupation housewife
Nature of Industry

20. Number of children of this mother 15
(Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 7
(b) Born alive but now dead 8
(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 3:00 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 _____

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481-409-426