

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

State File No. 199a  
 Registered No. 102

**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**

Jesusmaria Galarza (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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth May 27, 1929  
 Month Day Year

**8. FATHER**  
 Full name Jesus Galarza  
 9. Residence (Usual place of abode) Globe Ariz.  
 If non-resident, give place and state.

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

10. Color or race Mex. 11. Age at last birthday 27 (Years)

16. Color or race Mex. 17. Age at last birthday 31 (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 Housewife  
 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 \_\_\_\_\_ 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 6:10 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.

Filed 6/7 1929 Dr. E. Wightman Registrar

171-507-432

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