

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

123
 State File No. _____
 Registered No. 205

PLACE OF BIRTH
 County Gila State Arizona
 District or Township Globe or Village _____
 City Globe No. Halby Court S. Broadway Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Marin { 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 Nov. 5th 1929
Month Day Year

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

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

10. Color or race Mexican
 11. Age at last birthday 35 (Years)

16. Color or race Mexican
 17. Age at last birthday 21 (Years)

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

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

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother three
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living three
 (b) Born alive but now dead none
 (c) Stillborn none
 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 Globe 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 G. E. Wightman M.D.
(Physician or midwife).

Given name added from a supplemental report _____
 Address Globe Arizona
 Filed 12/7 1929 G. E. Wightman M.D.
 Registrar Registrar

145-1105-5107