

order of birth stated.

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

163  
State File No. 278  
Registered No. 278

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 Juan Romero (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 Dec 21, 1929  
Month Day Year

8. FATHER  
Full name Pascual Romero

14. MOTHER  
Full maiden name Emmenda Chavez

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

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 32 (Years)

12. Birthplace (city or place) San Elizario  
(State or country) Texas

18. Birthplace (city or place) Doña Ana  
(State or country) N. Mexico

13. Occupation  
Nature of Industry Laborer

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (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 alive at 7:30 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 C. W. Adams  
Physician  
(Physician or Midwife)

Given name added from a supplemental report. Month, day, year  
G. E. K. S. ...  
Registrar

Address Box 656 Globe, Ariz  
Filed 1/7 1930 G. E. K. S. ...  
Registrar

196 - 9221 - 539