

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

State File No. 188  
 Registered No. 239

**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 Alejandro Sanchez, Jr.  
(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. 30, 1929  
 Month Day Year

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

**14. MOTHER**  
 Full maiden name Angelia Troglis  
 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 21 (Years)

16. Color or race Mex-Ital.  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Copper Hill Ariz.  
 (State or country)

18. Birthplace (city or place) Roosevelt Ariz.  
 (State or country)

13. Occupation Laborer  
 Nature of industry

19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 2  
 (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 at 12:02 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. S. Harper  
 \_\_\_\_\_  
 (Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_  
 Address Globe, Arizona  
 Month, day, year \_\_\_\_\_  
 Filed 1/7 1930 H. E. Wylkman Registrar

Registrar  
129-1230-136