

Amendment attached

PLACE OF BIRTH

1. County of Gila
District of _____
Town of Winkelman
or _____
City of Winkelman Ariz

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Maria Luisa Ortiz No. _____ St. _____ Ward _____
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
7. Date of birth Jan 2nd 1927
Month Day Year

8. FATHER
Full name Jose Ortiz
9. Residence (Usual place of abode) Winkelman
If nonresident, give place and state Ariz
10. Color or race Mex
11. Age at last birthday 42 (Years)

14. MOTHER
Full maiden name Dolores Vasquez
15. Residence (Usual place of abode) Winkelman
If nonresident, give place and state Ariz
16. Color or race Mex
17. Age at last birthday 42 (Years)

12. Birthplace (city or place) La Paz
(State or country) Mex Rep
13. Occupation Baker
Nature of industry

18. Birthplace (city or place) Tucson Ariz
(State or country) Ariz
19. Occupation House wife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 9
(b) Born alive but now dead 1
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)
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 3:15 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 Mrs. L. Humphrey (Physician or midwife)
Address Winkelman Ariz

Given name added from a supplemental report _____
Month, day, year. _____
Filed Jan 5 1927 _____
Local Registrar. _____
County Registrar. _____
Registrar. _____

569-102-459