

RETURN - as made for each, and the number of each. In order of birth stated.

PLACE OF BIRTH. SUPPLEMENT ATTACHED

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 131  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 1

1. County of Gila  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

2. Full name of child Manuel Rios  
(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 Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ } 5. No., in order of birth. Yes } 6. Legitimate? Yes } 7. Date of birth Jan 21, 1927  
Month day year

8. FATHER  
Full name Santiago Rios  
9. Residence (Usual place of abode) Hayden  
If nonresident, give place and state

14. MOTHER  
Full maiden name Cirigelita Duarte  
15. Residence (Usual place of abode) Hayden  
If nonresident, give place and state

10. Color or race Mexican  
11. Age at last birthday 23 (Years)

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

12. Birthplace (city or place) Leon  
(State or country) Lerma, Jalisco, Mexico

18. Birthplace (city or place) Puesco  
(State or country) Arizona

13. Occupation mill man  
Nature of industry Copper Concentrator

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother / (a) Born alive and now living 1 / (b) Born alive but now dead 0 / (c) Stillborn 0 } 21. Were precautions taken against ophthalmia neonatorum? Yes  
(Taken as of time of birth of child herein certified and including this child.)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn.) at 11:30 P.M. on the date above stated.

\*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 evidences of life after birth.  
Signature Juan Jimenez  
(Physician or midwife)  
Address Hayden, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. Filed Jan 7, 1927 \_\_\_\_\_  
Registrar. \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

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