

N. B.—In case of more than one child a SEPARATE CERTIFICATE must be made for each, and the name of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 158  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 6

2. Full name of child Dolores Velasquez  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 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 ✓  
 5. No., in order of birth 1st  
 6. Legitimate? ✓  
 7. Date of birth Aug 11, 1927  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. FATHER  
 Full name Carlo Velasquez  
 9. Residence (Usual place of abode) Hayden, Ariz.  
 If nonresident, give place and address \_\_\_\_\_  
 10. Color or race Mexican  
 11. Age at last birthday 37 (Years)  
 12. Birthplace (city or place) Salisco, Mex.  
 (State or country) \_\_\_\_\_

14. MOTHER  
 Full maiden name Magdalena Lopez  
 15. Residence (Usual place of abode) Salisco, Mex.  
 If nonresident, give place and address \_\_\_\_\_  
 16. Color or race Mexican  
 17. Age at last birthday 37 (Years)  
 18. Birthplace (city or place) Salisco, Mex.  
 (State or country) \_\_\_\_\_

13. Occupation  
 Nature of industry Laborer  
 19. Occupation  
 Nature of industry Housewife  
 20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 8  
 (b) Born alive but now dead 2  
 (c) Stillborn 0  
 21. Were precautions taken against ophthalmia neonatorum? ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 am on the date above stated.  
 Signature M. Butler, M.D.  
 (Physician or midwife)  
 Address Winkelman, Ariz.

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Registrar \_\_\_\_\_  
 Filed Jan 15, 1927  
 Local Registrar W. B. Pugh  
 County Registrar \_\_\_\_\_  
 Filed \_\_\_\_\_ 19 \_\_\_\_\_

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