

PLACE OF BIRTH

1. County of Gila
 District of _____
 Town of Hayden
 or _____
 City of _____ No. _____ St. _____ Ward _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 104^a
 County Registrar No. _____
 Local Registrar No. 78

2. Full name of child Roberto Jauregui { 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 March - 1 - 1927
 Month Day Year

8. FATHER
 Full name Francisco S. Jauregui
 9. Residence (Usual place of abode) Hayden, Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Nieves Jimenez
 15. Residence (Usual place of abode) Hayden - Ariz.
 If non-resident, give place and state.

10. Color or race white
 11. Age at last birthday 33 (Years)

16. Color or race white
 17. Age at last birthday 34 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) San-Bernardine
 (State or country) Calif.

13. Occupation Labourer
 Nature of Industry Copper smelter

19. Occupation Housework
 Nature of Industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 4
 (a) Born alive and now living yes
 (b) Born alive but now dead _____
 (c) Stillborn _____

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 1 a. 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 Francisco S. Jauregui Father
 (Physician or midwife)
 Address Hayden, Ariz.

Given name added from a supplemental report. Filed Mar 22, 1927 W. B. Park
 Month, day, year Local Registrar.
 Registrar _____ Filed _____ 19 _____ County Registrar.

919-301-219