ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 189.

County Registrar No.

Local Registrar No. 46.

PLACE OF BIRTH

1. County of

District of

Town of

or

City of No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ignacia Sanchez } 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: X 5. No., in order of birth:

6. Legitimate? Yes

7. Date of birth: March. 6 1927. (Month day year)

FATHER

8. Full name: Melchi B. Sanchez

9. Residence (Usual place of abode): If nonresident, give place and state: Solomonsville

10. Color or race: Mex.

11. Age at last birthday: 29 (Years)

12. Birthplace (city or place): Solomonsville (State or country): Arizona

13. Occupation: Farmer. Nature of industry:

MOTHER

14. Full maiden name: Carmen Rojas

15. Residence (Usual place of abode): If nonresident, give place and state: Solomonsville

16. Color or race: Mex.

17. Age at last birthday: 22 (Years)

18. Birthplace (city or place): Mexico (State or country):

19. Occupation: housewife Nature of industry:

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: 1
(b) Born alive but now dead: —
(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 March. 6 (Born alive or stillborn.) at 1927 ½ a.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: Dominga Castorena (Physician or midwife)

Address: Solomonsville Arizona

Given name added from a supplemental report March. 6 1927 (Month, day, year.)

Filed April-9, 1927 J. H. Stratton M.D. Local Registrar.

Registrar.

Filed ....., 19.... County Registrar.

929-306-392