PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _Gila_

District of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

Town of _____

or

City of _Hayden_   No. _____ St. _____ Ward

State Index No. _179_

County Registrar No. _____

Local Registrar No. _49_

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

2. Full name of child _Erlinda Lion_   { 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 _____

6. Legitimate? _yes_

7. Date of birth _July 18 1927_
   Month Day Year

8. FATHER	14. MOTHER
Full name _Avil Lion_	Full maiden name _Josefina Lopez_
9. Residence (Usual place of abode) _Hayden Ariz_ If non-resident, give place and state.	15. Residence (Usual place of abode) _Hayden Ariz_ If non-resident, give place and state.
10. Color or race _Mex_	11. Age at last birthday _24_ (Years)	16. Color or race _Mexican_	17. Age at last birthday _18_ (Years)
12. Birthplace (city or place) _Santa Cruz_ (State or country) _Son Mex_	18. Birthplace (city or place) _San Miguel_ (State or country) _Son Mex_
13. Occupation _Labour_ Nature of industry	19. Occupation _House wife_ 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 _0_
  (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 _Alive_ at _3 15_ 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 evidence of life after birth.

Signature _Charles Hurty MD_ (Physician or midwife).

Address _Hayden Ariz_

Given name added from a supplemental report.
Month, day, year
_5 35 · 718 - 139_

Filed _July 23, 1927_

Filed _____, 19___

Registrar

W R W Jack
Local Registrar.

County Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each child stating order of birth. THIS IS A PERMANENT RECORD.