

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Hayden

or _____

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 152

County Registrar No. _____

Local Registrar No. 59No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Elidia Ybarra { If child is not yet named, make supplemental report, as directed.

Sex of Child <u>FEMALE</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Aug 13 1927</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER Full name <u>Bernardo Ybarra</u>	14. MOTHER Full maiden name <u>Paula Rios</u>
--	---

9. Residence (Usual place of abode) <u>Hayden, Arizona</u> If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Hayden, Arizona.</u> If non-resident, give place and state.
--	--

10. Color or race <u>Mexican</u>	11. Age at last birthday... <u>38</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday... <u>28</u> (Years)
-------------------------------------	---	-------------------------------------	---

12. Birthplace (city or place) <u>Malpaso</u> (State or country) <u>Zacatecas, Mexico</u>	18. Birthplace (city or place) <u>Romita,</u> (State or country) <u>Guanaquato, Mexico</u>
---	--

13. Occupation Nature of Industry <u>Laborer</u> <u>Steam Power Plant</u>	19. Occupation Nature of Industry <u>Housewife</u>
--	--

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 <u>3</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn.....	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2:30 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 <u>Juana Jimenes</u> (Registered midwife)
	Address <u>Hayden, Arizona.</u>

Given name added from a supplemental report	Filed <u>Sept 6</u> , 19 <u>27</u> <u>W.D.P. Deak</u> Local Registrar.
--	---

Registrar	Filed _____, 19____	County Registrar.
-----------	---------------------	-------------------

581-813-792195-814-711