

412 PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

124

State File No. _____
Registered No. 78

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____

2. Full name of child Ramona Enriquez
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY if event of plural births.
 4. Twin, triplet or other. _____
 5. No. in order of birth 1st
 6. Legitimacy Legitimate
 7. Date of birth Sept 9 1931
 Month Day Year

8. FATHER
 Full name Jesus Enriquez
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____

14. MOTHER
 Full maiden name Faurena Martinez
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____

10. Color or race Mex
 11. Age at last birthday 32 (Years)

16. Color or race Mex
 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) San Juan
 (State or country) Jalisco Mex
 13. Occupation father
 Nature of Industry Copper miller

18. Birthplace (city or place) La Union
 (State or country) Jalisco Mex
 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 9
 (b) Born alive but now dead _____
 (c) Stillborn _____
 21. Were precautions taken against oph-
 themia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
 (Born alive stillborn)

Signature Charles R. Hueston MD

Given name added from a supplemental report _____
 Address Hayden Arizona
 Month, day, year _____ (Physician or midwife)

Filed 9-12-1931 Registrar W. J. Park
 959-909-349