

4956

MARGIN RESERVED FOR BINDING. Write Plainly, with Unfading Ink.—This is a Permanent Record.

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. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 3 days after birth.

PLACE OF BIRTH
 County of Greenlee
 District of _____
 Town of Moenave
 or _____
 City of _____

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. 131
 ORIGINAL CERTIFICATE OF BIRTH. Co. Register No. 135
 Local Registrar's No. 60

(No. _____) St; _____

FULL NAME OF CHILD Jose Guerrero Born Alive }
yes

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child male Twin, Triplet, or other and Number; in order of birth 1 Legitimate? no Date of Birth Apr 13 1912
 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name <u>Benjamin Guerrero</u>	Residence <u>Moenave</u>	Full Maiden Name <u>Maria Loya</u>	Residence <u>Moenave</u>
Color or Race <u>Mex.</u>	Age at last Birthday <u>30</u> (Years)	Color or Race <u>Mex.</u>	Age at last Birthday <u>27</u> (Yr.)
Birthplace <u>Mex.</u>	Occupation <u>Butcher</u>	Birthplace <u>Mex.</u>	Occupation _____

Number of child of this mother, 1 Number of children, of this mother, now living 2 Were Precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Apr 13 1912, at 7 PM

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) A. M. Jackell M.D.
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____

Address _____

Filed May 6 1912 Shaw LOCAL REGISTRAR.
 Filed 5/15 1912 Laws COUNTY REGISTRAR.

171-413-431
 COUNTY REGISTRAR