

500

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of St. George BUREAU OF VITAL STATISTICS **318** State Index No. 310
District of Tubac ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 94
Town of _____ Local Registrar's No. _____
or _____
City of Tubac (No. _____ St; _____ Ward)

FULL NAME OF CHILD Gerarda Clara } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } ~~NO~~

Sex of Child Girl Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? ye Date of Birth April 26 1915
(Month) (Day) (Yr.)

FATHER
Full Name Juan Yutze
Residence Tubac
Color or Race White Age at last Birthday 36 (Years)
Birthplace Avance, Ariz.
Occupation Farmer, Labor.

MOTHER
Full Maiden Name Josefa Serrano
Residence Tubac
Color or Race Mex Age at last Birthday 35 (Years)
Birthplace Asi Oregon U.S.A.
Occupation Domestic Service

Number of child of this mother... 10 | Number of children, of this mother, now living... 9 | Were precautions taken against Ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on April 26 1915, at 10 a.m.

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

(Signature) Rosario Lim
(Attending physician, midwife, householder.*)

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

Address M B Sniohii
LOCAL REGISTRAR.

Filed _____ 191_____

785-426-126
COUNTY REGISTRAR.

Filed 11/20 1915

A True Copy M. J. Chaves
COUNTY REGISTRAR.