

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. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Cochise
 District of _____
 Town of Benson
 or _____
 City of _____ (No. _____ St; _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
 State Index No. 19 47
 Co. Register No. _____
 Local Registrar's No. _____

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

Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yes</u>	Date of Birth <u>June 1</u> 191 <u>5</u> (Month) (Day) (Yr.)
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FATHER
 Full Name Ignacio Reyes
 Residence Benson
 Color or Race White Age at last Birthday 30 (Years)
 Birthplace Mexico
 Occupation R.R. Laborer

MOTHER
 Full Maiden Name Romana Reyes
 Residence Benson
 Color or Race White Age at last Birthday 29 (Years)
 Birthplace Mexico
 Occupation Housewife

Number of child of this mother 9 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on June 1st 1915, at 9 A.M.
 *When there is no attending physician or midwife, then the householder should make this return. (Signature) Ignacio Reyes
 (Attending physician, midwife, householder.*)

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

Filed June 2nd 1915 LOCAL REGISTRAR. H. William
 A True Copy Filed June 5 1915 COUNTY REGISTRAR. O. Falcon

COUNTY REGISTRAR.

COUNTY REGISTRAR.