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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS 132 State Index No. 660

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Gila

District of Winkelman & Hayden

Town of ..... or City of Hayden

Co. Register No. 350

Local Registrar's No. 1

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Timbres

Born / Alive — YES / NO

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
✓	✓		✓	Yes	Aug 1 1917

FATHER		MOTHER	
Full Name	Gabriel Timbres	Full Maiden Name	Marenna Marchichi
Residence	Hayden	Residence	Hayden
Color or Race	Mex	Color or Race	Mex
Age at last Birthday	33 (Years)	Age at last Birthday	29 (Years)
Birthplace	Ariz	Birthplace	Ariz
Occupation	Lab.	Occupation	Housewife

Number of child of this mother 1 | Number of children, of this mother, now living 5 | 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 Aug 1 1917, at 7 A. M.

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

(Signature) Martin H. Lowan (Attending physician, midwife, householder.*)

Address Hayden

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

Filed Aug 31 1917

H. D. Roberts LOCAL REGISTRAR.

062-801-449 COUNTY REGISTRAR.

Filed Sept 7 1917

A True Copy B. G. Fox COUNTY REGISTRAR.