

16 15

PLACE OF BIRTH
 County of Gila ARIZONA STATE BOARD OF HEALTH
 District of Winkelman BUREAU OF VITAL STATISTICS State Index No. _____
 Town of Christmas ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 240
 or _____ Local Registrar's No. _____
 City of _____ (No. _____ St. _____ Ward)

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

Sex of child Male Twin, Triplet or other _____ } and { Number in order of birth 1 Legitimate? yes Date of Birth May 22 1918
 (Month) (Day) (Yr.)

FATHER
 Full Name Manuel Rayo
 Residence Parachihuahua Mex
 Color or Race Mex Age at last Birthday 42 (Years)
 Birthplace Parachihuahua Mex
 Occupation miner

MOTHER
 Full Maiden Name Masarkina Reyes
 Residence Christmas Ariz
 Color or Race Mex Age at last Birthday 32 (Years)
 Birthplace Jenninez Mexico
 Occupation Housewife

Number of child of this mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on 5/22 1918, at 11:30 P.M.

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

(Signature) J. Nait
 (Attending physician, midwife, householder.*)

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

Address Christmas Ariz
H. Roberts
 LOCAL REGISTRAR.

990-522-492
 COUNTY REGISTRAR.

Filed May 30 1918
 Filed 6/8 1918 A True Copy
D. G. J. J.
 COUNTY REGISTRAR.