

1525

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 121a
 District of _____ County Registrar No. _____
 Town of _____ Local Registrar No. 21
 or _____
 City of Hayden No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Esther Lomeli { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? _____ 7. Date of birth Jan 13 1919
 Month Day Year

8. FATHER		14. MOTHER	
Full name <u>Prinidad Lomeli</u>		Full maiden name <u>Ben Cecilia</u>	
9. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state.	
10. Color or race <u>Mexico</u>	11. Age at last birthday <u>34</u> (Years)	16. Color or race <u>Mexico</u>	17. Age at last birthday <u>34</u> (Years)
12. Birthplace (city or place) <u>Micticacan Mexico</u> (State or country)		18. Birthplace (city or place) <u>Mammoth Arizona</u> (State or country)	
13. Occupation <u>Millman</u> Nature of Industry		19. Occupation <u>Housewife</u> Nature of Industry	

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 2
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 7:00 A.M. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. Garcia Jimenez (Physician or midwife)
 Address Hayden Ariz
 Given name added from a supplemental report. Month, day, year 5-29-113-29 Registrar
 Filed Mar 24, 1927 Local Registrar L. D. Nash