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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 146

Co. Registrar's No. 418

Local Registrar's No. .....

PLACE OF BIRTH

County of Gila

District of .....

Town of ..... or City of Hayden

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

FULL NAME OF CHILD Federico Vargas

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

Born Alive YES ~~NO~~

Sex of Child Masculine ~~Twin, Triplet~~ or other and Number in order of birth 1st. Legitimate? Yes Date of Birth July 28th 1919 (Month Day Yr.)

FATHER		MOTHER	
Full Name	José Vargas	Full Maiden Name	Juana de Centeno Vargas
Residence	Hayden Ariz	Residence	Hayden Ariz
Color or Race	Moreno	Color or Race	Moreno
Age at last Birthday	34 Years	Age at last Birthday	33 Years
Birthplace	Huanimaro Mex	Birthplace	Huanimaro Mex
Occupation	en la Fundicion	Occupation	Esposa

Number of child of this Mother 4 | Number of Children, of this mother, now living 1 | 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 July 28th 1919, at 9:00 A.M.

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

Signature George E. Shields M.D.

Attending physician, ~~midwife, householder.~~

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

Address Hayden, Arizona

Filed Aug 1 1919

W. B. Nash

LOCAL REGISTRAR.

152-728-636

COUNTY REGISTRAR.

Filed AUG 8 1919

A True Copy

B. G. Fox

COUNTY REGISTRAR.

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