

N. B.—In case of more than one child at 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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of _____
 or _____
 City of Hayden (No. _____ St. _____ Ward _____)

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 94
 Co. Registrar's No. 688
 Local Registrar's No. _____

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

Sex of Child Female Twin, Triplet or other _____ and _____ Number in order of birth _____ Legitimate? Yes Date of Birth Dec 5 1919
 Month Day Yr.

FATHER
 Full Name Santiago Lorona
 Residence San Pedro - Hayden - Ariz
 Color or Race Mexican Age at last Birthday 33 Years
 Birthplace Tucson, Arizona
 Occupation Labourer

MOTHER
 Full Maiden Name Virginia Siguero
 Residence San Pedro - Hayden - Ariz
 Color or Race Mexican Age at last Birthday 25 Years
 Birthplace Mammoth, Arizona
 Occupation Housewife

Number of child of this Mother 4 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 Dec 5 1919, at 6:17 A.M.
 { *When there is no attending physician or midwife, then the householder should make this return. }
 Signature Leonard Stood M.D.
 Attending physician, midwife, householder.

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

Address Kimbela, Ariz
U.S.D. Wash.
 LOCAL REGISTRAR.

531-1205-561
 COUNTY REGISTRAR.

Filed Dec 8 1919
 A True Copy
 Filed Jan 8 1920

R. J. Cox
 COUNTY REGISTRAR.