

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 Gila State Index No. 121
District of _____ ORIGINAL CERTIFICATE OF BIRTH Co. Registrar's No. 714
Town of Hayden Local Registrar's No. _____
or _____
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Sipriana Navarra Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive

Sex of Child Female Twin, Triplet or other } and { Number in order of birth 1st Legiti- mate? yes Date of Birth Dec. 18th 1919
Month Day Yr.

FATHER
Full Name Castro, G. Navarro
Residence Hayden, Ariz.
Color or Race Mexican Age at last Birthday 35 Years
Birthplace Mexico
Occupation Teamster

MOTHER
Full Maiden Name Concepcion Soto
Residence Hayden, Ariz.
Color or Race Mexican Age at last Birthday 20 Years
Birthplace Mexico
Occupation Housewife

Number of child of this Mother 3 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 Dec. 18th 1919, at 3 P.M.

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

Signature Mr. W. G. Carson
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report. _____ 1919

Address Hayden, Arizona

251-1216-324
COUNTY REGISTRAR.

Filed Dec 20 1919

W. P. Nash
LOCAL REGISTRAR.

Filed Jan 8 1920 A True Copy 1920

B. E. Cox
COUNTY REGISTRAR.