

**PLACE OF BIRTH**  
 County of Casa Grande  
 District of \_\_\_\_\_  
 Town of Paradise  
 or  
 City of \_\_\_\_\_

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
**ORIGINAL CERTIFICATE OF BIRTH**  
 State Index No. 39  
 Co. Register No. 76  
 Local Registrar's No. 20-3  
 (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

FULL NAME OF CHILD Yvonne Jiminez } 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 1 and Number in order of birth 1 Legitimate? Yes Date of Birth Jan 28 1920  
 (Month) (Day) (Yr.)

**FATHER**  
 Full Name Martin Jiminez  
 Residence Paradise, Arizona  
 Color or Race Mexican Age at last Birthday 28  
 (Years)  
 Birthplace Mexico  
 Occupation Foreman

**MOTHER**  
 Full Maiden Name Yvonne Jiminez  
 Residence Paradise, Arizona  
 Color or Race Mexican Age at last Birthday 20  
 (Years)  
 Birthplace Mexico  
 Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on Jan 28 1920, at 5:30 P.M.

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

(Signature) George H. Hildebrand M.D.  
 (Attending physician, midwife, householder.\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address Paradise, Arizona

919-105-862  
 COUNTY REGISTRAR.

Filed Jan 27 1920  
Feb 9 1920

W. D. D. Nash  
 LOCAL REGISTRAR.  
 A True Copy B. E. S. C.  
 COUNTY REGISTRAR.