[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

Co. Register No. 109

Local Registrar's No. 18

PLACE OF BIRTH

County of Gila

District of

Town of Hayden
or
City of

(No. St; Ward)

FULL NAME OF CHILD Elias Munoz

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

Born YES
Alive ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth
Male	/		/	Yes	February (Month) 12th (Day) 1920 (Yr.)

FATHER		MOTHER	
Full Name	Juan Munoz	Full Maiden Name	Francisca Encinas
Residence	Hayden	Residence	Hayden, Arizona
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	32 (Years)	Age at last Birthday	29 (Years)
Birthplace	Mexico	Birthplace	Phoenix, Arizona
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 3 | 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 Feb. 12th 1920, at 4:30 A.M.

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

(Signature) [signature]
(Attending physician, ~~midwife, householder~~*)

Given or christian name added from a supplemental report 191

Address Hayden, Arizona

Filed Feb 14 1920 W. B. Nash
LOCAL REGISTRAR.

559-212-652
COUNTY REGISTRAR.

Filed Mar 8 1920 A True Copy B. G. [signature]
COUNTY REGISTRAR.

[illegible] 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.