PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

Co. Registrar's No. 134

Local Registrar's No. 1

County of Gila

District of Winkelman

Town of Winkelman
or
City of _____ (No. _____ St. _____ Ward)

FULL NAME OF CHILD Jesus Ortiz

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

Born Alive: YES ~~NO~~

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth	
Boy				Yes	Month Feb. Day 23	Yr. 1920

FATHER		MOTHER	
Full Name	Jose F. Ortiz	Full Maiden Name	Dolores Vasquez
Residence	Winkelman	Residence	Winkelman Ariz
Color or Race	Spanish	Color or Race	Spanish
Age at last Birthday	40 Years	Age at last Birthday	35 Years
Birthplace	La Paz Calif	Birthplace	Tucson Ariz
Occupation	Laborer	Occupation	House Wife

Number of child of this Mother 3 | Number of Children, of this mother, now living 6 | 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 23 of Feb 1920 at 12 AM.

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

Signature Mrs P. Humphry
Attending physician, midwife, householder.*

Address Winkelman Ariz

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

Filed Feb 27 1920 H. Roberts
LOCAL REGISTRAR.

169-223-459
COUNTY REGISTRAR.

Filed Mar 5 1920 A True Copy
COUNTY REGISTRAR.

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.