[redacted]

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1554

Co. Register No. 184

Local Registrar's No. 27

PLACE OF BIRTH

County of Gila

District of

Town of or City of Hayden

(No. ..... St; ..... Ward)

FULL NAME OF CHILD Jose Encinas

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
male	/		/	yes	March 19th 1920 (Month) (Day) (Yr.)

FATHER		MOTHER	
Full Name	Pedro Encinas	Full Maiden Name	Jesus Zamora
Residence	Hayden, Arizona	Residence	Hayden, Arizona
Color or Race	Mexican	Color or Race	Mexican
Age at last Birthday	50 (Years)	Age at last Birthday	50 (Years)
Birthplace	Phoenix, Arizona	Birthplace	Mexico
Occupation	Laborer	Occupation	Housewife

Number of child of this mother 24 | Number of children, of this mother, now living 7 | 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 March 19th 1920, at 10:00 P.M.

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

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

Address Hayden, Arizona

Given or christian name added from a supplemental report ..... 191....

Filed Mar 20 1920

W. B. Nash
LOCAL REGISTRAR.

152-319-191
COUNTY REGISTRAR.

Filed Apr 8 1920

A True Copy B. G. Fox
COUNTY REGISTRAR.

...ed by the attending Physician or ... within 5 days after birth.