8224

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.

PLACE OF BIRTH

County of Gila

District of

Town of Hayden
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1877

Co. Register No. 680

Local Registrar's No. 67

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

FULL NAME OF CHILD Jose Yniguez

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 (Month) (Day) (Yr.)
male	1		1	yes	October 24th 1920

FATHER

Full Name Anastacio ~~Jose~~ Yniguez

Residence Hayden

Color or Race Mexican

Age at last Birthday 39 (Years)

Birthplace Jalisco, Mexico

Occupation Carpenter

MOTHER

Full Maiden Name Callatana Garcia

Residence Hayden

Color or Race Mexican

Age at last Birthday 18 (Years)

Birthplace Jalisco, Mexico

Occupation Housewife

Number of child of this mother 1

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 above child; and that it occurred on Oct. 24th 1920, at 9:00 A.M.

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

(Signature) Y E Shields
(Attending physician, ~~midwife, householder~~.*)

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

Address Hayden, Arizona

Filed Oct 26 1920

N. B. Nash
LOCAL REGISTRAR.

189-1024-311
COUNTY REGISTRAR.

Filed Nov 8 1920

A True Copy B. G. Fox
COUNTY REGISTRAR.