213

N. B.—In case of more than one child, 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. 156

Co. Register No. 674

Local Registrar's No. 71

(No. Ray Con. Hosp. St; Ward)

FULL NAME OF CHILD Pedro Aceda

Born / Alive — NO

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

Sex of Child Male | Twin, ~~Triplet or other~~ and Number in order of birth 2nd | Legitimate? yes | Date of Birth Nov. 18 1920 (Month) (Day) (Yr.)

FATHER

Full Name Francisco Aceda

Residence San Pedro.

Color or Race mex. Age at last Birthday 34 (Years)

Birthplace Old mex.

Occupation Laborer

MOTHER

Full Maiden Name Elina Sanchez.

Residence San Pedro.

Color or Race mex Age at last Birthday 33 (Years)

Birthplace Old mex.

Occupation Housewife

Number of child of this mother 4 | 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 Nov. 17 1920, at 8:10 A.M.

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

(Signature) Dr. W. L. Carson

(Attending physician, ~~midwife, householder.~~*)

Given or christian name added from a supplemental report 191

Address Hayden Ariz

Filed Nov 18 1920

W. B. Nash

LOCAL REGISTRAR.

711-1118-529

COUNTY REGISTRAR.

Filed 12/8 1920

A True Copy

B. G. Fix

COUNTY REGISTRAR.