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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. 157
Co. Register No. 678
Local Registrar's No. 70

FULL NAME OF CHILD Manuel Acedo } Born }
 } Alive } NO

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

Sex of Child male } and } Legitimate? yes } Date of Birth Nov. 18th 1920
{ Twin, Triplet or other } { Number in order of birth 1st } { (Month) (Day) (Yr.)

FATHER
Full Name Francisco Acedo
Residence San Pedro
Color or Race Mex. Age at last Birthday 34 (Years)
Birthplace Old Mex.
Occupation Laborer

MOTHER
Full Maiden Name Erinda 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... 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 Nov. 17 1920, at 89...M.
{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) W. S. Carson
(Attending physician, midwife, householder. *)
Address Hayden, Ariz.

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

Filed Nov 18 1920

W. B. Dush
LOCAL REGISTRAR.

411-1118-529
COUNTY REGISTRAR.

Filed 12/8 1920

A True Copy B. G. J. J.
COUNTY REGISTRAR.