

1155

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 134  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 76

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Maria Lauregui (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth 2 6. Legitimate? yes 7. Date of birth March-10-1921  
Month Day Year

8. FATHER  
Full name Francisco Lauregui  
9. Residence (Usual place of abode) Hayden, Ariz.  
If non-resident, give place and state.  
10. Color or race white  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Labourer  
Nature of industry Copper Smelter

14. MOTHER  
Full maiden name Miriam Jimenez  
15. Residence (Usual place of abode) Hayden Ariz  
If non-resident, give place and state.  
16. Color or race white  
17. Age at last birthday 28 (Years)  
18. Birthplace (city or place) San-Bernardino  
(State or country) California  
19. Occupation Housework  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 2 (a) Born alive and now living yes (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 11 a.m. on the date above stated (Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Francisco S. Lauregui Father  
(Physician or midwife)  
Address Hayden Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Mar 23 1927 W.D. Nash Local Registrar.

Registrar 419-310-519 19\_\_\_\_ County Registrar.