ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

Co. Registrar's No. 9[illegible]

Local Registrar's No. 16

PLACE OF BIRTH

County of Gila

District of

Town of or City of Hayden (San Pedro) (No. Bob Yoshikawa St: Ward)

FULL NAME OF CHILD Still Born | Born Alive | ~~YES~~ NO

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

Sex of Child M | Twin, Triplet or other | and | Number in order of birth | Legitimate? Yes | Date of Birth May 9 1921 (Month Day Yr.)

FATHER		MOTHER	
Full Name	Frank Yoshikawa	Full Maiden Name	Esther Gonzales
Residence	San Pedro (Hayden, Ariz)	Residence	Arizona, Hayden
Color or Race	Japanese	Color or Race	Mexican
Age at last Birthday	37 Years	Age at last Birthday	27 Years
Birthplace	Japan	Birthplace	Arizona
Occupation	Grocer	Occupation	H. W.

Number of child of this Mother 5 | Number of Children, of this mother, now living 2 | Were precautions taken against Ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred on May 9 1921, at 8 a.M.

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

Signature O. E. Utzinger M.D.
Attending physician, midwife, householder.*

Address Hayden Ariz.

Given or Christian name added from a supplemental report 191

Filed May 9 1921

W. B. Nash
LOCAL REGISTRAR.

A True Copy

081-509-572
COUNTY REGISTRAR.

Filed June 4 1921

B. G. Lind
COUNTY REGISTRAR.

This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

the number of each, in order of birth, stated.