

1697

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.

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH *Middle name added by supplemental report*

1. County of Gila District of \_\_\_\_\_ Town of Hayden or \_\_\_\_\_ City of \_\_\_\_\_ No. Rios (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

State Index No. 126 a  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 53

2. Full name of child Francisca Ybarra (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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth May 30, 1922 (Month Day Year)

8. FATHER Full name <u>Bernardo Ybarra</u>		14. MOTHER Full maiden name <u>Paula Rios</u>	
9. Residence (Usual place of abode) <u>Hayden, Arizona.</u> Resident, give place and state.		15. Residence (Usual place of abode) <u>Hayden, Arizona.</u> If non-resident, give place and state.	
10. Color or Race _____	11. Age at last birthday <u>33</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Malpaso</u> (State or country) <u>Zacatecas, Mexico</u>		18. Birthplace (city or place) <u>Romita,</u> (State or country) <u>Guanajuato, Mexico</u>	
13. Occupation (Nature of industry) <u>Laborer</u> <u>Steam Power Plant</u>		19. Occupation (Nature of industry) <u>Housewife</u>	

20. Number of children of this mother (Taken as of date of birth of child herein certified and including this child.)  
(a) Born alive and now living 1  
(b) Born alive but now dead 1  
(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 ~~XXXXXX~~) at 4:30 P m. on the date above stated

\*When there is no attending physician or midwife, 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 Juana Jimenez (Name of midwife)  
Address Hayden, Arizona

Given name address from \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
681-530-792 Registrar

Filed Sept 6th 1927 W.P. Jack Local Registrar  
Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar