

2408

N. B.—in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and 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 Yuma
District of Hinkelmann
Town of _____
or City of Hinkelmann (No. _____ St: _____ Ward)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1523
Co. Register No. 274
Local Registrar's No. _____

FULL NAME OF CHILD Alfredo Chavez Marquez } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive }

Sex of Child Male } and } Number in order of birth } Legiti- mate? yes } Date of Birth June 30 1922
Twin, Triplet or other } (Month) (Day) (Yr.)

FATHER
Full Name Alfredo Marquez
Residence Hinkelmann
Color or Race Mexican Age at last Birthday 33 (Years)
Birthplace Mexico
Occupation Cool hall proprietor

MOTHER
Full Maiden Name Rosario Chavez
Residence Hinkelmann
Color or Race Mexican Age at last Birthday 26 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother 2 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 June 30 1922 at 7:35 P. M.
(Signature) [Signature]
(Attending physician, midwife, householder.)*

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

Address Harlem, Ariz.

Filed July 3 1922

[Signature]
LOCAL REGISTRAR.

149-630-939
COUNTY REGISTRAR.

Filed 7-5 1922

A True Copy [Signature]
COUNTY REGISTRAR.