

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Yuma</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>152</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>31</u>
Town of <u>Hayden</u>			Local Registrar No. <u>2</u>
or _____			
City of _____		No. _____	St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Oliver Arcadio Montano</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. No., in order of birth _____
6. Legitimate? <u>Yes</u>	7. Date of birth <u>1-12-23</u>		(Month, day, year)
8. FATHER Full name <u>Ramon Montano</u>		14. MOTHER Full maiden name <u>Antonia Secundina Miranda</u>	
9. Residence <u>Hayden</u> (Usual place of abode) If nonresident, give place and State		15. Residence <u>Hayden</u> (Usual place of abode) If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>26</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>26</u> (Years)
12. Birthplace (city or place) <u>Mex.</u> (State or country)		18. Birthplace (city or place) <u>Mex.</u> (State or country)	
13. Occupation <u>Miner</u> Nature of industry		19. Occupation <u>H. W.</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		(a) Born alive and now living <u>3</u>	
		(b) Born alive but now dead _____	
		(c) Stillborn _____	
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b>			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> <u>7 A</u> 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 <u>John R. Winslow</u> (Physician or midwife)	
Given name added from a supplemental report _____ (Month, day, year)		Address <u>Hayden, Ariz.</u>	
Registrar. _____		Filed <u>Jan 14</u> , 1923 <u>1573</u> Local Registrar.	
		Filed <u>28</u> , 1923 <u>B. S. Gray</u> County Registrar.	

546-112-121