N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in 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 GILA

District of

Town of HAYDEN
or
City of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 132
Co. Register No. 33
Local Registrar's No. 4

(No. St; Ward)

FULL NAME OF CHILD Dolores Pena

Born Alive: YES

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

Sex of Child	Twin, Triplet or other	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Yr.)
Female	x			yes	January 12 1923

FATHER

Full Name: Ursulo Pena
Residence: Hayden, Arizona
Color or Race: Mexican
Age at last Birthday: 38 (Years)
Birthplace: Mexico
Occupation: Laborer

MOTHER

Full Maiden Name: Matilde Molina
Residence: Hayden, Arizona
Color or Race: Mexican
Age at last Birthday: 22 (Years)
Birthplace: Mexico
Occupation: Housewife

Number of child of this mother: 1
Number of children, of this mother, now living: 1
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 Jan. 12th. 1923 at M.

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

(Signature) x Amelia Lopez
(Attending physician, midwife, ~~householder~~.*)

Address Hayden, Arizona.

Given or christian name added from a supplemental report 191

Filed Jan 16th 1923 — LOCAL REGISTRAR.

471-112-441
COUNTY REGISTRAR.

Filed 2/5 1923 — A True Copy — COUNTY REGISTRAR.