

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 Yuma
 District of _____
 Town of Miami
 or _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 156
 Co. Registrar No. 37
 Local Registrar No. _____

City of _____ No. Warrior Siding St. _____ Ward) _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elvira Echeveste } If child is not yet named, make supplemental report, as directed

3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>2</u>	5. No., in order of birth.	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan. 14 - 1923</u> (Month, day, year)
8. FATHER Full name <u>Aristo Echeveste</u>			14. MOTHER Full maiden name <u>Ramona Padilla</u>		
9. Residence (Usual place of abode) <u>Miami, Ariz.</u> If nonresident, give place and State			15. Residence (Usual place of abode) <u>Miami - Ariz.</u> If nonresident, give place and State		
10. Color or race <u>Mex</u>	11. Age at last birthday <u>23</u> (Years)		16. Color or race <u>Mex</u>	17. Age at last birthday <u>20</u> (Years)	
12. Birthplace (city or place) <u>Huanajuato - Mexico</u> (State or country)			18. Birthplace (city or place) <u>Morenci Arizona</u> (State or country)		
13. Occupation <u>Smelter man</u> Nature of industry			19. Occupation <u>Housewife</u> Nature of industry		
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) <u>2</u>			(a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 9 a.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 C. M. Cron M.D.
 (Physician or midwife)

Address Miami, Arizona

Given name added from a supplemental report _____
 (Month, day, year)

Filed Jan 31, 1923 Charles G. Druce
 Local Registrar.

555-114-971
 Registrar.

Filed 2/8, 1922 B. S. Druce
 County Registrar.