

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 Gila  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Hayden, Ariz.

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139  
Co. Registrar No. 39  
Local Registrar No. 5

2. Full name of child Baby Rosa (If child is not yet named, make supplemental report, as directed)

3. Sex of child ♀ To be answered ONLY in event of plural births. 4. Twin, triplet or other No. 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth 1/15/23 (Month, day, year)

FATHER  
Full name Mmanuel Loso

MOTHER  
Full maiden name Bonifacia Pimera

9. Residence (Usual place of abode) 79 Mine (Pinal Co)  
If nonresident, give place and State

15. Residence (Usual place of abode) 79 Mine (Pinal Co)  
If nonresident, give place and State

10. Color or race Mex. 11. Age at last birthday 21 (Years)

16. Color or race Mex. 17. Age at last birthday 16 (Years)

12. Birthplace (city or place) Mex.  
(State or country)

18. Birthplace (city or place) Mex.  
(State or country)

13. Occupation Miner  
Nature of Industry

19. Occupation H.M.  
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.) (a) Born alive and now living 0 (b) Born alive but now dead 0 (c) Stillborn 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was still born at 7 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 F. P. Amador (Physician or midwife)

Address Hayden, Ariz.

Given name added from a supplemental report \_\_\_\_\_ (Month, day, year) Filed Jan 16, 1923 \_\_\_\_\_ Local Registrar.

026-115-271 Registrar. Filed 2/8, 1923 B. J. Trap County Registrar.