

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.

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**ORIGINAL CERTIFICATE OF BIRTH**

PLACE OF BIRTH

1. County of Lila  
 District of \_\_\_\_\_  
 Town of Hayden  
 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 Lydia Contreras } If child is not yet named, make supplemental report, as directed

3. Sex of child Female } To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No. in order of birth \_\_\_\_\_ 6. Legitimate yes 7. Date of birth Jan 11 1923 (Month, day, year)

<p>8. Full name of FATHER <u>Joaquin Contreras</u></p> <p>9. Residence (Usual place of abode) <u>Hayden, Ariz</u> If nonresident, give place and State</p> <p>10. Color or race <u>Mexican</u></p> <p>11. Age at last birthday <u>30</u> (Years)</p> <p>12. Birthplace (city or place) <u>Mexico</u> (State or country)</p> <p>13. Occupation <u>Laborer</u> Nature of Industry <u>Smelting</u></p>	<p>14. Full maiden name of MOTHER <u>Rita Redondo</u></p> <p>15. Residence (Usual place of abode) <u>Hayden, Ariz</u> If nonresident, give place and State</p> <p>16. Color or race <u>Mexican</u></p> <p>17. Age at last birthday <u>17</u> (Years)</p> <p>18. Birthplace (city or place) <u>Arizona</u> (State or country)</p> <p>19. Occupation <u>Nursewife</u> Nature of Industry _____</p>
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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 3 (b) Born alive but now dead 1 (c) Stillborn 0

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 6:25 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 Harry C. Salway M.D.  
 (Physician or midwife)  
 Address Hayden, Arizona

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

Registrar. 332-121-996

Filed Jan 22, 1923 W. B. Neal Local Registrar.  
 Filed 2/18, 1923 B. J. King County Registrar.