PLACE OF BIRTH

1. County of Gila
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)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154a
County Registrar No.
Local Registrar No. 77

2. Full name of child Armida Jauregui. { 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 X | 6. Legitimate? yes. | 7. Date of birth March 15-1923 (Month Day Year)

8. FATHER
Full name Francisco S. Jauregui
9. Residence (Usual place of abode) Hayden ariz
If non-resident, give place and state.
10. Color or race white
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) .....
(State or country) Mexico
13. Occupation Labourer
Nature of industry Copper Smelter

14. MOTHER
Full maiden name Nieves Jiminez
15 Residence (Usual place of abode) Hayden ariz
If non-resident, give place and state.
16 Color or race White
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) San Bernardino
(State or country) Calif.
19. Occupation Housework.
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 3
(a) Born alive and now living ~~[illegible]~~
(b) Born alive but now dead
(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 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 Francisco S. Jauregui. Father
(Physician or midwife).
Address Hayden, ariz

Given name added from a supplemental report ..... Filed Nov 23, 1927 [signature] Local Registrar.
Month, day, year

..... Registrar Filed ....., 19.... ..... County Registrar.

119-315-519