

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 Cochise  
District of Tombston  
Town of \_\_\_\_\_  
or Tombston  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 84  
County Registrar No. 555  
Local Registrar No. \_\_\_\_\_  
St. 4th Ward \_\_\_\_\_

2. Full name of child Francisco Osuna Jr.  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
No. Ninth  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 28, 1923  
5. No. in order of birth \_\_\_\_\_ Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

8. FATHER  
Full name Francisco Osuna  
9. Residence (Usual place of abode) Tombston, Ariz.  
If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
Full maiden name Adolors Encinas  
15. Residence (Usual place of abode) Tombston, Ariz.  
If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican 11. Age at last birthday 29 (Years)

16. Color or race Mexican 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Muscos Prietas  
(State or country) Mexico

18. Birthplace (city or place) Muscos Prietas  
(State or country) Mexico

13. Occupation Nurse  
Nature of industry \_\_\_\_\_

19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 0 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 2:45 p.m. on the date above stated.  
(If 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 evidences of life after birth.  
Signature [Signature]  
Address Tombston, Ariz.  
Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Filed July 29, 1923 Local Registrar. [Signature]  
Filed Aug 6, 1923 County Registrar. P. B. [Signature]

661-728-452