

1897

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
 District of _____
 Town of Hayden
 or _____
 City of _____

State Index No. 201
 County Registrar No. 587
 Local Registrar No. 30

2. Full name of child Ramon Sanchez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child Male
To be answered ONLY in event of plural births.

4. Twin, triplet or other _____
 5. No., in order of birth. Yes

6. Legitimate? Yes

7. Date of birth Aug 31st 1923
If child is not yet named, make supplemental report, as directed.

8. FATHER Full name <u>Luis Sanchez</u>	14. MOTHER Full maiden name <u>Palma Yelobal</u>
9. Residence (Usual place of abode) <u>Hayden</u> <small>If nonresident, give place and state</small>	15. Residence (Usual place of abode) <u>Hayden</u> <small>If nonresident, give place and state</small>
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>34</u> (Years)	17. Age at last birthday <u>23</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> <small>(State or country)</small>	18. Birthplace (city or place) <u>Arizona</u> <small>(State or country)</small>
13. Occupation Nature of industry <u>Millman</u>	19. Occupation Nature of industry <u>Housewife</u>

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 <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
(b) Born alive but now dead <u>1</u>	
(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Ramon at 7:30 P.M. on the date above stated.
(Born alive or stillborn.)

Signature x Amelia Errera
(Physician or midwife)

Address _____

Month, day, year. _____ Filed Sept 1st 1923 W. D. Post Local Registrar.
 Filed 10-8 1923 B. J. ... County Registrar.

929-831-781