

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.

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

PLACE OF BIRTH  
1. County of Sala  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or  
City of Hayden

State Index No. 135  
County Registrar No. 669  
Local Registrar No. 39

2. Full name of child Not named (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. \_\_\_\_\_ Ward \_\_\_\_\_

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 Oct 14 1923 (If child is not yet named, make supplemental report, as directed: Month Day Year)

8. FATHER Full name Silviano Celiz 14. MOTHER Full maiden name Louisa Martinez

9. Residence (Usual place of abode) Hayden, Ariz 15. Residence (Usual place of abode) Hayden, Ariz  
If nonresident, give place and state

10. Color or race Mexican 16. Color or race Mexican

11. Age at last birthday 44 (Years) 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) Mexico 18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation Laborer 19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? no

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was stillborn at 6:30 p. 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 Harvey C. Ledwith, Jr.  
Address Hayden, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed Oct 14, 1923 W. P. Paul  
Local Registrar.  
Filed 11-7, 1923 R. J. Gray  
County Registrar.

039-1012-349