1029

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 in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176

County Registrar No. 744

Local Registrar No. 41

PLACE OF BIRTH

1. County of Gila

District of No 17

Town of Hayden

or

City of ..... No. Box ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rafael Romo

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..... 5. No., in order of birth.....

6. Legitimate? yes

7. Date of birth Oct. 24 1923 (Month, day, year)

FATHER

8. Full name Bernardo Romo

9. Residence (Usual place of abode)

If nonresident, give place and state Kingston Ariz.

10. Color or race: Mexican

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Ures

(State or country) Sonora, Mex

13. Occupation

Nature of industry Mill

MOTHER

14. Full maiden name Anita Montenegro

15. Residence (Usual place of abode)

If nonresident, give place and state Kingston Ariz.

16. Color or race: Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Hanshaw

(State or country) Arizona

19. Occupation

Nature of industry Housewife

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 2

(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 or stillborn.) at ..... m. on the date above stated.

*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 Cornelia Barrera (Physician or midwife)

Address Hayden Arizona

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

Filed Nov 7th, 1923 Geo. D. Dwyer Local Registrar.

Registrar.

Filed 12-7, 1923 B.G. Foy County Registrar.

996-1024-1416