

1052

WRITE PLAINLY WITH UNLEADING 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

PLACE OF BIRTH Sila

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

State Index No. 195
County Registrar No. 413 / 113
Local Registrar No. 110

2. Full name of child Not named - stillborn (If birth occurred in a hospital or institution give its NAME instead of street and number) No. _____ St. _____ Ward _____
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 _____ 6. Legitimate? yes 7. Date of birth Oct 31 1923
Month Day Year

8. FATHER Full name Francisco Estrada 9. Residence (Usual place of abode) Hayden, Ariz
If nonresident, give place and state

14. MOTHER Full maiden name Josephina Carmelito 15. Residence (Usual place of abode) Hayden, Ariz
If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 33 (Years) 16. Color or race Mexican 17. Age at last birthday 45 (Years)

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

13. Occupation Nature of industry Painter 19. Occupation Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living _____ (b) Born alive but now dead _____ (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 11:30 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 Harry C. Loderer M.D.
Address Hayden, Arizona
(Physician or midwife)

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

Filed Oct 31 1923 _____ Local Registrar.
Filed 11-7 1923 _____ County Registrar.

Registrar.

051-1021-132