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

PLACE OF BIRTH
1. County of Gila
District of _____
Town of Hayden
or _____
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 121
County Registrar No. 746
Local Registrar No. 43

2. Full name of child Encarnacion de la Cruz } 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. _____ 5. Legitimate? Yes 6. Date of birth Nov 2 1923
Month day year

8. FATHER Full name <u>Roberto de la Cruz</u>		14. MOTHER Full maiden name <u>Anita del Villar</u>	
9. Residence (Usual place of abode) <u>Hayden, Ariz</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Hayden, Ariz</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) (State or country) <u>Mexico</u>		18. Birthplace (city or place) (State or country) <u>Mexico</u>	
13. Occupation Nature of industry <u>Laborer</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 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 at 8 a. m. on the date above stated.
(Born alive or stillborn.)

Signature Amelia Herrera (Physician or midwife)
Address Hayden, Ariz
Given name added from a supplemental report _____
Month, day, year _____

Filed 11-10- 1923 W. P. Nash Local Registrar.
Filed 12-7 1923 R. J. Gray County Registrar.

Registrar. _____

549-1103-142