

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 Yuma
District of _____
Town of _____
or Maricopa
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Lupe Villegas) If child is not yet named, make supplemental report, as directed.

State Index No. 112
County Registrar No. 824
Local Registrar No. _____

3. Sex of Child Female 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 Dec-2-1923
Month day year

8. FATHER Full name <u>Jose Villegas</u>		14. MOTHER Full maiden name <u>Julia Barrett</u>	
9. Residence (Usual place of abode) <u>Maricopa</u> If nonresident, give place and state		16. Residence (Usual place of abode) <u>Maricopa</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>35</u> (Years)	15. Color or race <u>Mexican</u>	17. Age at last birthday <u>30</u> (Years)
12. Birthplace (city or place) <u>Maricopa</u> (State or country) <u>Arizona</u>		18. Birthplace (city or place) <u>Mexico</u> (State or country)	
13. Occupation <u>Labourer</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	

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 1
(b) Born alive but now dead none
(c) Stillborn none

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

Signature P. L. Dotel M.D.
(Physician or midwife)
Address Maricopa Ariz
Filed Dec 31, 1923
Local Registrar P. E. Divil
County Registrar J. J. J. J.

Registrar. _____ Filed 1-5-24 B.S. J. J. J. J. County Registrar.

352-1202-123