

URN must be made for each, and the number...

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

PLACE OF BIRTH  
1. County of Yuma  
District of Inspiration  
Town of Inspiration  
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. 136  
County Registrar No. 840  
Local Registrar No. \_\_\_\_\_

2. Full name of child Guadalupe Navarro (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 Dec. 13 1923  
Month Day Year

8. FATHER Full name <u>Guadalupe Navarro</u>	14. MOTHER Full maiden name <u>Christina Aldrete</u>
9. Residence (Usual place of abode) <u>Inspiration</u> If nonresident, give place and state	15. Residence (Usual place of abode) <u>Inspiration</u> If nonresident, give place and state
10. Color or race <u>Mexican</u>	16. Color or race <u>Mexican</u>
11. Age at last birthday <u>20</u> (Years)	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Mexico</u> (State or country)	18. Birthplace (city or place) <u>Mexico</u> (State or country)
13. Occupation <u>Labourer</u> Nature of industry <u>Copper Mining</u>	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 <u>One</u> (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 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 J. Patterson M.D. (Physician or midwife)  
Address Inspiration, Arizona

Given name added from a supplemental report \_\_\_\_\_ Month, day, year. \_\_\_\_\_  
Filed Dec 31 1923 \_\_\_\_\_  
Filed 1-5 1924 \_\_\_\_\_  
Local Registrar. R. G. Dwin  
County Registrar. B. G. J. O'Neil

Registrar. \_\_\_\_\_

756-1213-311