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MARGIN RESERVED FOR BINDING  
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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 157

District of Hayden Ariz

County Registrar No. 70

Town of \_\_\_\_\_ or \_\_\_\_\_ City of \_\_\_\_\_ No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Local Registrar No. 1

2. Full name of child Mary Rubalcoba (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Girl To be answered ONLY in event of plural births. 4. Twin, triplet or other. 0 5. No., in order of birth. 0 6. Legitimate? 0 7. Date of birth Jan 24 - 24 Month day year

8. FATHER  
Full name Lindro Rubalcoba

14. MOTHER  
Full maiden name Facunda Rubalcoba

9. Residence (Usual place of abode) If nonresident, give place and state

15. Residence (Usual place of abode) If nonresident, give place and state Hayden Ariz

10. Color or race Mexican 11. Age at last birthday 23 (Years)

16. Color or race Mexican 17. Age at last birthday 24 (Years)

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

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

13. Occupation Nature of industry Labor

19. Occupation Nature of industry

20. Number of children of this mother (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn 2 21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Amelia - Emerald at \_\_\_\_\_ 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 evidences of life after birth. Signature \_\_\_\_\_ (Physician or midwife)

Address \_\_\_\_\_ Given name added from a supplemental report \_\_\_\_\_ Filed Jan 24 1924 \_\_\_\_\_ Local Registrar.

Month, day, year. \_\_\_\_\_ Filed 2/6 1924 \_\_\_\_\_ County Registrar.

Registrar.

196 - 121 - 691