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TABLE MAINLY 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 Yuma
District of Winkelman
Town of Winkelman
or
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 122
County Registrar No. 201
Local Registrar No. 1

2. Full name of child Carmen Rosa Barrios { 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. No., in order of birth. 6. Legitimate? yes 7. Date of birth Mar - 3 - 1924
Month Day Year

8. FATHER
Full name Juan Barrios
9. Residence (Usual place of abode) Winkelman Ariz
If nonresident, give place and state
10. Color or race Mex
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) Moteguma
(State or country) Mex Rep
13. Occupation Laborer
Nature of industry miner

14. MOTHER
Full maiden name Luz Calley
15. Residence (Usual place of abode) Winkelman Ariz
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 30 (Years)
18. Birthplace (city or place) San Miguel
(State or country) Mexican Rep
19. Occupation House Wife
Nature of industry

20. Number of children of this mother (a) Born alive and now living 5
(b) Born alive but now dead 2
(c) Stillborn none
(Taken as of time of birth of child herein certified and including this child.) 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 6 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 Mrs Lucia Humphrey
Address Winkelman Ariz
(Physician or midwife)

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

Filed March 5 1924 W. Robert
Filed 4-6 1924 B. J. Stov
Local Registrar. County Registrar.

322-303-339