

1442

WRITE PLAINLY IN 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

Country of Gila

ARIZONA STATE BOARD OF HEALTH

ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original.) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. _____

Place of Birth Miami, County Gila No. _____ St. _____
(Registration District)

| | | | |
|--|------------------------------|--------|---------------------------------|
| SEX OF CHILD* <u>boy</u> | Twin Triplet or other? | and | Number* in order of birth |
| DATE OF BIRTH* <u>June 7</u> 19 <u>24</u> | | | |
| FULL* MAIDEN NAME <u>Jesus Venegas</u> | | FATHER | |
| FULL* MAIDEN NAME <u>Guadalupe Fernandez</u> | | MOTHER | |

I HEREBY CERTIFY that the child described herein has been named

Eduardo Venegas
(Give name in full) (Surname)

Jesus Venegas
(Parent's signature)

*These items to be entered by the local registrar before giving out this form. (Signature of Physician or Midwife.)

Blank supplemental reports of birth may be obtained from the local registrar.
Local registrars must mail supplemental reports immediately to county registrar. County registrars must mail with original certificate on tenth day of following month.

| | |
|--|---|
| 18. Occupation Nature of industry <u>Cattlemans</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 <u>1</u> | (b) Born alive but now dead <u>0</u> | (c) Stillborn <u>0</u> | 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 4 P.M. 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.
Signature A. H. Kessen (Physician or midwife)

Address Jayson Ave
Given name added from _____
Month, day, year. _____
Filed July 24, 1924 _____
Filed 7-28, 1924 _____
County Registrar.

783-608-483