[redacted]

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

1. County of Gila

District of

Town of Claypool

or

City of ..... No. ..... St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127

County Registrar No. 287

Local Registrar No. .....

2. Full name of child Enrique Reina

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?

7. Date of birth April 9 1924 (Month day year)

8. FATHER

Full name Francisco Reina

9. Residence (Usual place of abode) Claypool Ariz

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Ramona Romo

15. Residence (Usual place of abode) Claypool Ariz

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 30 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation

Nature of industry Housewife

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 6

(b) Born alive but now dead 2

(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 9 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 E. L. Foster M.D. (Physician or midwife)

Address Miami Ariz (P.O. Box)

Given name added from a supplemental report ..... Filed April 30 1924 Local Registrar.

Month, day, year.

..... Registrar.

Filed 5-5 1924 B.G. Day County Registrar.

591-409-996