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THIS IS A PERMANENT RECORD
WHICH FORMS PART OF THE UNFADING 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.

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

PLACE OF BIRTH
1. County of Pima State Index No. 163
District of _____ County Registrar No. 314
Town of Hayden or _____ Local Registrar No. 18
City of _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
2. Full name of child Baby Saenz } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other 1 Legitimate? 1 7. Date of birth 4-20-24
Month day year

<p>8. Full name <u>Juan Saenz</u> FATHER</p> <p>9. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state</p> <p>10. Color or race <u>Mex.</u></p> <p>11. Age at last birthday <u>40</u> (Years)</p> <p>12. Birthplace (city or place) <u>Mex.</u> (State or country)</p> <p>13. Occupation <u>Miner</u> Nature of industry</p>	<p>14. Full maiden name <u>Anita Dachen</u> MOTHER</p> <p>15. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state</p> <p>16. Color or race <u>Mex.</u></p> <p>17. Age at last birthday <u>39</u> (Years)</p> <p>18. Birthplace (city or place) <u>Tucson</u> (State or country)</p> <p>19. Occupation <u>Miner</u> Nature of industry</p>
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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 10
(b) Born alive but now dead 1
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 7 p. 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 evidences of life after birth.

Signature F. P. Winslow (Physician or midwife)
Address Hayden, Ariz.
Given name added from _____
Month, day, year. _____

Filed Apr 21 1924 _____ Local Registrar.
Filed 5-7 1924 B. J. Dot County Registrar.

Registrar. _____

029-420-145