

WRITE PLAINLY WITH 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 \_\_\_\_\_  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

State Index No. 17719  
 County Registrar No. 7119  
 Local Registrar No. \_\_\_\_\_

2. Full name of child Josefa Sanchez 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. \_\_\_\_\_ 6. Legitimate? Yes  
 5. No., in order of birth 4 7. Date of birth May 30 1924  
 Month Day Year

8. FATHER  
 Full name Jose Sanchez  
 9. Residence (Usual place of abode) Yupurulation  
 If nonresident, give place and state Arizona  
 10. Color or race Mexican  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico  
 13. Occupation Miner  
 Nature of industry Mining

14. MOTHER  
 Full maiden name Antonia Luna  
 15. Residence (Usual place of abode) Yupurulation  
 If nonresident, give place and state Ariz  
 16. Color or race Mexican  
 17. Age at last birthday 23 (Years)  
 18. Birthplace (city or place) \_\_\_\_\_  
 (State or country) Mexico  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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 4 (b) Born alive but now dead 6 (c) Stillborn 8  
 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 alive at 11:00 m. on the date above stated.  
 (Born alive or stillborn.)

Signature John Hagan M.D.  
 Address Yupurulation Arizona  
 \*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.

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

Filed June 30 1924 P. E. Driver Local Registrar.  
 Filed JUL 6 1924 R. J. G. I. A. W. County Registrar.

129-530-131