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

1. County of Gila State Index No. 179a
 District of Winkelman County Registrar No. 672
 Town of Winkelman Local Registrar No. _____
 or _____
 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 Soila Corrales } 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 no 5. Legitimate? yes 6. Date of birth May 31st 1924
 7. No., in order of birth 1 Monthly 31 day 31 year 1924

3. FATHER		14. MOTHER	
Full name <u>Trinidad Corrales</u>		Full maiden name <u>Luisa Lopez</u>	
9. Residence (Usual place of abode) <u>Hayden, Ariz</u>		15. Residence (Usual place of abode) <u>Winkelman, Ariz</u>	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>22</u> (Years)		17. Age at last birthday <u>22</u> (Years)	
12. Birthplace (city or place) (State or country) <u>Sonora, Mexico</u>		18. Birthplace (city or place) (State or country) <u>Winkelman, Ariz</u>	
13. Occupation (Nature of industry) <u>Laborer</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.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was yes (Born alive ~~or stillborn~~.) at 5:30 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.

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

Signature P. M. Butler, M.D. (Physician or midwife)
 Address Winkelman, Ariz
 Filed Sept 1, 1924 Local Registrar.
 Filed 9-5 1924 County Registrar.

MARGIN RESERVED FOR BINDING
 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.

239-530-339