

1453

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.

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

1. County of Sia District of \_\_\_\_\_  
Town of Hayden or \_\_\_\_\_  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 132  
County Registrar No. 460  
Local Registrar No. 27

2. Full name of child Baby Loya } 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 1 5. No. in order of birth \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 9 1924  
Month day year

8. FATHER Full name <u>Gabriel Loya</u>		14. MOTHER Full maiden name <u>Marcelina Franco</u>	
9. Residence (Usual place of abode) <u>Holyohn</u> If nonresident, give place and state		15. Residence (Usual place of abode) <u>Hayden</u> If nonresident, give place and state	
10. Color or race <u>Mexican</u>	11. Age at last birthday <u>23</u> (Years)	16. Color or race <u>Mexican</u>	17. Age at last birthday <u>20</u> (Years)
12. Birthplace (city or place) <u>Nacozari</u> (State or country) <u>Mexico</u>		18. Birthplace (city or place) <u>Nacozari</u> (State or country) <u>Mexico</u>	
13. Occupation <u>Saborer</u> Nature of industry		19. Occupation <u>Housewife</u> 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 0  
(b) Born alive but now dead 0  
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? No (Still born)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was still born at 9 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 Fritz R. Winalow  
Address Hayden, Ariz.  
Given name added from \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_

Filed June 30 1924 Local Registrar. \_\_\_\_\_  
Filed JUL 5 1924 County Registrar. R. G. J. O.

031-609-466