

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

PLACE OF BIRTH
 1. County of Pima
 District of _____
 Town of _____
 or Globe
 City of _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 State Index No. 160
 County Registrar No. 574
 Local Registrar No. _____

2. Full name of child _____

3. Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 7-24-24 7. Date of birth Month day year

8. FATHER Full name <u>Jesus Yllescas</u> Residence (Usual place of abode) <u>Rio Canyon</u> If nonresident, give place and state _____ Color or race <u>Mex</u> Age at last birthday <u>46</u> (Years) Birthplace (city or place) (State or country) <u>Mexico</u> Occupation Nature of industry <u>Wood chopper</u>		14. MOTHER Full maiden name <u>Rosa Castillo</u> Residence (Usual place of abode) <u>Rio Canyon</u> If nonresident, give place and state _____ Color or race <u>Mex</u> Age at last birthday <u>21</u> (Years) Birthplace (city or place) (State or country) <u>Santa Rita New Mex</u> Occupation Nature of industry <u>Housewife</u>	
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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 1
 (b) Born alive but now dead 3
 (c) Stillborn 0

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 8:15 a.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 [Signature] (Physician or midwife)
 Address Globe
 Given name added from a supplemental report _____
 Month, day, year.

Filed 8-7, 1924
 Filed 6-8, 1924
 Registrar: _____
 County Registrar: [Signature]

089-724-936