

AGAIN 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.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>114</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>114</u>
Town of <u>Hayden</u>			Local Registrar No. <u>33</u>
or _____			
City of _____	No. _____ St. _____ Ward _____		
2. Full name of child <u>Beatrice Velasquez</u> (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
3. Sex of Child <u>Female</u> To be answered ONLY in event of plural births.			
4. Twin, triplet or other. _____		5. Legitimate? <u>Yes</u>	
5. No., in order of birth _____		7. Date of birth <u>Aug 5 1924</u>	
8. FATHER		14. MOTHER	
Full name <u>Pablo Velasquez</u>		Full maiden name <u>Magdalena Lopez</u>	
9. Residence (Usual place of abode) <u>Hayden</u>		15. Residence (Usual place of abode) <u>Hayden</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mexican</u>		16. Color or race <u>Mexican</u>	
11. Age at last birthday <u>35</u> (Years)		17. Age at last birthday <u>37</u> (Years)	
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country) _____		(State or country) _____	
13. Occupation <u>Labourer</u>		19. Occupation <u>House Wife</u>	
Nature of industry _____		Nature of industry _____	
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?	
(a) Born alive and now living _____		<u>Yes</u>	
(b) Born alive but now dead _____			
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>Hayden</u> 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.		Signature <u>Charles B. Hurst, M.D.</u>	
Given name added from a supplemental report _____		Address <u>Hayden, Arizona</u>	
Month, day, year. _____		Filed <u>Aug 7</u> 19 <u>24</u>	
Registrar. _____		Filed <u>Aug 8</u> 19 <u>24</u>	
		Local Registrar. <u>[Signature]</u>	
		County Registrar. <u>[Signature]</u>	

259-805-439