

in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 182  
County Registrar No. 837  
Local Registrar No. JH

2. Full name of child Virginia Estrada  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Sept 29 1924  
Month day year

8. FATHER  
Full name Francisco Estrada  
9. Residence Hayden  
(Usual place of abode)  
If nonresident, give place and state  
10. Color or race Mexican  
11. Age at last birthday \_\_\_\_\_ (Years)  
12. Birthplace (city or place) Bertramichi  
(State or country) Mexico  
13. Occupation labour  
Nature of industry

14. MOTHER  
Full maiden name Josyfa Camelo  
15. Residence Hayden  
(Usual place of abode)  
If nonresident, give place and state  
16. Color or race Mexican  
17. Age at last birthday 27 (Years)  
18. Birthplace (city or place) Presbe  
(State or country) Arizona  
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 3 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_ 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 Born alive at 9:30 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 Charles B. Justice M.D. (Physician or midwife)  
Address Hayden Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Filed NOV 8 1924 19\_\_\_\_  
Filed 11-9 1924 19\_\_\_\_  
Local Registrar. J. J. Dush  
County Registrar. B. J. J. Dush

Registrar. \_\_\_\_\_

551-929-136