508

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 in order of birth stated.

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 381

County Registrar No. 3006

Local Registrar No. 245

PLACE OF BIRTH

1. County of Maricopa

District of

Town of Scottsdale

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 Alfred Y Corrales — 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

5. No., in order of birth

6. Legitimate? Yes

7. Date of birth Oct 20 1924 (Month day year)

8. FATHER — Full name: Amelio Corrales

9. Residence (Usual place of abode): Scottsdale — If nonresident, give place and state

10. Color or race: Mex

11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico (State or country)

13. Occupation — Nature of industry: Laborer

14. MOTHER — Full maiden name: Stella Yutze

15. Residence (Usual place of abode): Scottsdale — If nonresident, give place and state

16. Color or race: Mex.

17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Arizona (State or country)

19. Occupation — Nature of industry: Housewife

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 0
(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 born alive at 7:45 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 R. J. Stroud (Physician or midwife)

Address Tempe

Given name added from a supplemental report

Month, day, year.

Filed 11-6-, 1924 — M. E. Pattison, Local Registrar.

Registrar.

Filed NOV 1924 19 — County Registrar.

133-1020-285