

number of each.

PLEASE RETURN must
in order of birth stated.

N. B.—

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH 164

1. County of Yuma
District of _____
Town of Hayden Ariz
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 40
County Registrar No. _____
Local Registrar No. 5

No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel M^a Celiz } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Boy To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ } 5. No. in order of birth _____ } 6. Legitimate? _____ } 7. Date of birth June 7 - 1925
Month day year

8. FATHER
Full name Silviano Celiz

14. MOTHER
Full maiden name Luisa Martinez

9. Residence (Usual place of abode) Hayden
If nonresident, give place and state

15. Residence (Usual place of abode) Hayden
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 23 (Years)

16. Color or race Mexican

17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Chihuahua
(State or country) Chi. Mex

18. Birthplace (city or place) Santa Fe
(State or country) Zacatecas Mex.

13. Occupation
Nature of industry Labor
Smelter

19. Occupation
Nature of industry Housewife
sewing

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 _____
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 X Juana Jimenez
(Physician or midwife)
Address _____

Given name added from a supplemental report _____
Month, day, year. _____
Filed Jan 20 1925 _____
Local Registrar.
Filed 2/7 1925 _____
County Registrar.

439-107-349