

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 Gila
 District of _____
 Town of Clayton
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 127
 County Registrar No. 165
 Local Registrar No. 60

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

2. Full name of child Conception Aguirre } 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 Feb. 13th 1925
 Month day year

8. FATHER
 Full name Louis Aguirre

14. MOTHER
 Full maiden name Conception Chavez

9. Residence Warrior Cañon #58
 (Usual place of abode)
 If nonresident, give place and state

15. Residence Warrior Cañon #58
 (Usual place of abode)
 If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 33 (Years)

16. Color or race Mexican

17. Age at last birthday 29 (Years)

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

18. Birthplace (city or place) San Diego
 (State or country) Chihuahua Mexico

13. Occupation
 Nature of industry Mason

19. Occupation
 Nature of industry House Painter

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 5
 (b) Born alive but now dead 9
 (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 alive at 1:30 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 L. A. Perino, Jr. (Physician or midwife)

Address P.O. Box 319 Miami 20 N.W. 25th Street
 Given name added from a supplemental report _____
 Month, day, year. Filed Feb 28, 1925 Robert D. Brayton Local Registrar

Registrar. Filed 3/9, 1925 L. E. Wyckoff County Registrar

315-213-339