

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 Graham
 District of Jefferson
 Town of Solomouly BUREAU OF VITAL STATISTICS State Index No. 311
 or ORIGINAL CERTIFICATE OF BIRTH County Registrar No. 599
 City of ✓ No. _____ St. _____ Ward _____ Local Registrar No. 357

2. Full name of child Manuela Escobedo (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. _____ 6. Legitimate? yes
 5. No., in order of birth 4 7. Date of birth 2-27-25
 Month Day Year

8. FATHER Full name Julio Escobedo
 9. Residence (Usual place of abode) Solomouly
 If non-resident, give place and state.

14. MOTHER Full maiden name Petia Hernandez
 15. Residence (Usual place of abode) Solomouly
 If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 30 (Years)

16. Color or race Mex 17. Age at last birthday 22 (Years)

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

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

13. Occupation Farmer
Nature of industry

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 4
 (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 at 4:30 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 evidence of life after birth.
 Signature [Signature] (Physician or midwife)
 Address [Address]

Given name added from a supplemental report. Filled Mar 9, 1925 Hattie W. Scherck Local Registrar.
 Month, day, year Filled Mar 9, 1925 D. Scott Scherck County Registrar.

Registrar

456-227-789