

MARGIN RESERVED FOR BINDING

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

1. County of Yuma
 District of Arizona
 Town of Wobe
 or
 City of Arizona

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 123
 County Registrar No. _____
 Local Registrar No. 42

2. Full name of child Isabel Topia

(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 girl To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth 1 6. Legitimate? yes 7. Date of birth Mar 3 1920
 Month Day Year

8. FATHER
 Full name Frank Topia

14. MOTHER
 Full maiden name Felicitas Topia

9. Residence (Usual place of abode)
 If non-resident, give place and state.

15. Residence (Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 38 (Years)

16. Color or race Mex 17. Age at last birthday 30 (Years)

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

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

13. Occupation
 Nature of industry miner

19. Occupation
 Nature of industry house wife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 5
 (a) Born alive and now living live
 (b) Born alive but now dead _____
 (c) Stillborn yes

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 Born at 12:30 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 evidence of life after birth.

Signature Mrs. J. H. Bryant house wife
 Address 410 Euclid Ave, Box 2368 Wobe Ariz
 (Physician or midwife)

Given name added from a supplemental report Mar 3, 1920 Filed Mar 5, 1920 S. E. Wightman
 Month, day, year Local Registrar.

Registrar _____ Filed _____, 19____ County Registrar.

931-303-631