

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. E.—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 Geld

District of _____

Town of _____

or

City of Hayden

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 139

County Registrar No. _____

Local Registrar No. 27

No. 1191 Box
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Sierra { 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 Mar 9 1925
 Month Day Year

8. FATHER Full name Manuel V. Sierra

14. MOTHER Full maiden name Rita Lugo

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

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

10. Color or race White Mex

16. Color or race Mexican

11. Age at last birthday 23 (Years)

17. Age at last birthday 17 (Years)

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

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

13. Occupation Motorman
 Nature of industry Smelter

19. Occupation Home wife
 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 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 6:30 P.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 Charly Kuysho MD (Physician or midwife)
 Address Hayden Ariz

Given name added from a supplemental report. Filed Mar 12 1925 W. J. Nash Local Registrar.
 Month, day, year

Registrar _____ Filed _____, 19 _____ County Registrar _____

429 - 309 - 936