

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

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of _____
Town of Claypool
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Hernando Nelson (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
{ 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 Such 10 - 1925
Month Day Year

8. FATHER
Full name Wm Nelson

14. MOTHER
Full maiden name Frances Alejandro

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

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

10. Color or race Mex 11. Age at last birthday 26 (Years)

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

12. Birthplace (city or place) Globe
(State or country) Ariz

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

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry Housewife

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 2
(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 10 m. on the date above stated

* 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 Leah E. Twin (Physician or midwife)
Address Miami Ariz

Given name added from a supplemental report. Filed April 5 1925 Melrose Brighton Local Registrar.

Registrar

Filed _____ 19 _____

County Registrar

455 - 310 - 614