

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 Phoenix
Town of Mesa
or
City of Mesa

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 164
County Registrar No. _____
Local Registrar No. 2

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Economy
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 _____
6. Legitimate? yes
7. Date of birth April 13 1925
Month day year.

8. FATHER
Full name Gust. Economy

14. MOTHER
Full maiden name Eleonora Barrillo

9. Residence
(Usual place of abode) Wagon, Judy Claypost, Ariz.
If nonresident, give place and state

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

10. Color or race
white greek

16. Color or race
Mexican

11. Age at last birthday 28 (Years)
12. Birthplace (city or place) atenas
(State or country) Greece

17. Age at last birthday 22 (Years)
18. Birthplace (city or place) Tepic
(State or country) Nayarit

13. Occupation
Nature of Industry fruit merchant

19. Occupation
Nature of Industry Domestic

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 3
(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 evidences of life after birth.
Signature Juana Martinez (Physician or midwife)
Address Claypost, Arizona

Given name added from supplemental report _____
Month, day, year. _____
Filed April 17 1925 Local Registrar.

Registrar. _____ County Registrar.

458-413-336