

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.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 174
 Registered No. 51

1. PLACE OF BIRTH
 County Pima State Arizona
 District or Township Insperation or Village _____
 City _____ No. _____ St. _____ Ward _____

2. Full name of child Ebodie Jenevez
(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 Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other. _____
 5. No., in order of birth 1st
 6. Legitimate? Yes
 7. Date of birth May 6 - 1929
 Month Day Year

8. FATHER
 Full name Adolfo Jenevez
 9. Residence (Usual place of abode) Insperation
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 24 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation miner
 Nature of Industry

14. MOTHER
 Full maiden name Cruz Garcia
 15. Residence (Usual place of abode) Insperation
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 18 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation House 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 None
 (b) Born alive but now dead None
 (c) Stillborn None
 21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 20 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 P. J. Jotela
M. M. Ariz
 (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Registrar May 15, 1929 E. E. Davis
 Registrar

519-506-371