

WRITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT SCORE
 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 _____
 Town of Hayden
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 192
 County Registrar No. _____
 Local Registrar No. 45

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

2. Full name of child Pedro Gutierrez } 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. _____ 6. Legitimate? yes
 7. Date of birth May 14 1925
 Month day year

8. FATHER
 Full name Pedro Gutierrez

14. MOTHER
 Full maiden name Adelia Quintana

9. Residence (Usual place of abode) Hayden
 If nonresident, give place and state _____

15. Residence (Usual place of abode) Hayden
 If nonresident, give place and state _____

10. Color or race. Mexican
 11. Age at last birthday 37 (Years)

16. Color or race. Mexican
 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) _____
 (State or country) Guatemala, Mexico

18. Birthplace (city or place) _____
 (State or country) More, Mexico

13. Occupation Millman
 Nature of industry Copper Concentrator

19. Occupation _____
 Nature of industry Housewife

20. Number of children of this mother (a) Born alive and now living 1
 (b) Born alive but now dead 1
 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.)

21. Were precautions taken against ch-
 thalim neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:30 A. m. on the date above stated.
 (Born alive or stillborn.)

Signature Trana Timerez (Physician or midwife)
 Address Hayden, Arizona

Given name added from a supplemental report _____
 Month, day, year. Filed May 15 1925 Local Registrar.

Registrar. _____ Filed _____ 19 _____ County Registrar.

779-514-181