

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 Sila

BUREAU OF VITAL STATISTICS

State Index No. 214

District of _____

Town of Winkelman

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or

Local Registrar No. _____

City of _____

No. _____

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

St. _____

Ward _____

2. Full name of child Enrique Delgado

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth May 19 1925
Month Day Year

8.

FATHER

Full name

Genaro Delgado

14.

MOTHER

Full maiden name

Paula Hernandez

9. Residence

(Usual place of abode)

Winkelman

15. Residence

(Usual place of abode)

Winkelman

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 29 (Years)

16. Color or race

Mexican

17. Age at last birthday 29 (Years)

12. Birthplace (city or place)

El Paso

(State or country)

Texas

18. Birthplace (city or place)

Chihuahua

(State or country)

Mexico

13. Occupation

Machinist

Nature of industry

19. Occupation

Housewife

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 4

(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 (Born alive or stillborn)

at 9:50 A. 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

Charles H. Hutton, M.D.

(Physician or midwife).

Address

Hayden Ave

Given name added from a supplemental report

Month, day, year

Filed

May 20, 1925

Local Registrar.

Registrar

Filed

19

County Registrar.

546-519-789