

MAKE PLAINLY WITH  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made in the order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
 District of \_\_\_\_\_  
 Town of Marana  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 249  
 County Registrar No. 89  
 Local Registrar No. \_\_\_\_\_

R. S. Cannon  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Felix (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 30 1920  
 Month Day Year

8. FATHER  
 Full name Joas Felix

14. MOTHER  
 Full maiden name Angelina Villard

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

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

10. Color or race Mex  
 11. Age at last birthday 31 (Years)

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

12. Birthplace (city or place) San Diego Mexico  
 (State or country)

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

13. Occupation  
 Nature of industry Real Estate Property

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 5  
 (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 31 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 Thomas P. Dwyer (Physician or midwife).  
 Address Marana Arizona

Given name added from a supplemental report \_\_\_\_\_ Filed June 2, 1920 C. E. Dwyer Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

067-530-153