

MARGIN RESERVED FOR BANDA  
 WRITING 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  
 District of \_\_\_\_\_  
 Town of Winkelman  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 180  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 2. Full name of child Alfonzo Rivera { 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 \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth July 17 1925  
 Month Day Year

8. FATHER  
 Full name Antonio Rivera  
 9. Residence (Usual place of abode) Winkelman  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Guadalupe Sanchez  
 15. Residence (Usual place of abode) Winkelman  
 If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 30 (Years)

16. Color or race Mexican  
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Tonopa Mexico  
 (State or country)

18. Birthplace (city or place) Tonopa Mexico  
 (State or country)

13. Occupation Mill labour  
 Nature of industry

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 4  
 (b) Born alive but now dead 2  
 (c) Stillborn \_\_\_\_\_

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 10:30 A.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 Charles H. Hunt, M.D. (Physician or midwife).  
 Address Hayden Arizona

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 191-717-729  
 Registrar

Filed July 21, 1925 Local Registrar P. L. Whitney  
 Filed \_\_\_\_\_, 19 \_\_\_\_\_ County Registrar.