

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 Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 143

District of _____

Town of Hayden

County Registrar No. _____

or

Local Registrar No. 64

City of _____ No. _____ St. _____ Ward _____

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

2. Full name of child Stillborn Benteno If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth 8 7 25
Month Day Year

5. FATHER
Full name Remedios Benteno

14. MOTHER
Full maiden name Lusana Ayon

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 Mex.
11. Age at last birthday 30 (Years)

16. Color or race Mex.
17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mex.
(State or country)

18. Birthplace (city or place) Mex.
(State or country)

13. Occupation Labourer
Nature of industry

19. Occupation H. W.
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 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 1 p.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 evidences of life after birth.
Signature Dr. J. P. Winslow
Address Hayden, Ariz.
(Physician or midwife)

Filed Aug 7, 1925 Local Registrar.

Month, day, year. Registrar. Filed _____ 19____ County Registrar.

036-807-215