

AT RECORD
one for each, and the num.
WITH UNFOLDING
order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Marana

or _____

City of Marana, Ariz.

BUREAU OF VITAL STATISTICS

State Index No. 159

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 300

Local Registrar No. _____

2. Full name of child Hidel P. Peas

St. _____ Ward _____
(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 Oct. 10 - 25
Month Day Year

8. FATHER
Full name Luisio Peas

9. Residence (Usual place of abode) Line Oak St. # 773
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 35 (Years)

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

13. Occupation Miner
Nature of industry

14. MOTHER
Full maiden name Gregoria Santiago

15. Residence (Usual place of abode) Line Oak St. # 773
If non-resident, give place and state.

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

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

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 3
(b) Born alive but now dead none
(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 1:00 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 evidence of life after birth.
Signature [Signature] (Physician or midwife).
Address Sullivan St 720

Given name added from a supplemental report _____
Month, day, year _____
Filed Oct 19 1925 _____ Local Registrar.

Registrar _____ 19 _____ County Registrar.
642-1010-724