ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH

1. County of Gila

District of

Town of Hayden

or

City of ..... No. ..... St. ..... Ward

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

State Index No. 189

County Registrar No.

Local Registrar No. 73

2. Full name of child Hortensia Cornejo } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female

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 23 1925 (Month day year)

8. FATHER

Full name Patricio Cornejo

9. Residence (Usual place of abode)

If nonresident, give place and state Hayden

10. Color or race Mexican

11. Age at last birthday 33 (Years)

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

13. Occupation Nature of industry Millman Copper Concentrator

14. MOTHER

Full maiden name Arnulfa Ybarra

15. Residence (Usual place of abode)

If nonresident, give place and state Hayden

16. Color or race Mexican

17. Age at last birthday 31 (Years)

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

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 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 Female (Born alive or stillborn.) at 6:35 p.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 evidences of life after birth.

Signature X Gina Jimenez (Physician or midwife)

Address Hayden, Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed Oct 29, 1925 W. B. Mash Local Registrar.

Registrar.

Filed ..... 19.. ..... County Registrar.

836-1023-81

N. B.—In case of more than one child of a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.