

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

1. County of Pima
District of Winkelman Ariz.
Town of Winkelman
or
City of Winkelman

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State Index No. 126
County Registrar No. _____
Local Registrar No. _____

ORIGINAL CERTIFICATE OF BIRTH

2. Full name of child Genoveva Bonillas

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 1/1. Legitimate?
5. No., in order of birth 1st

7. Date of birth 3rd 1926
Month Day Year

8. FATHER
Full name Francisco Bonillas

14. MOTHER
Full maiden name Cecilia Padilla

9. Residence (Usual place of abode)
Winkelman, Ariz.
If nonresident, give address

15. Residence (Usual place of abode)
Winkelman, Ariz.
If nonresident, give address

10. Color or race Mexican
11. Age at last birthday 40 (Years)

16. Color or race Mexican
17. Age at last birthday 32 (Years)

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

18. Birthplace (city or place)
(State or country) Yonora, Ariz.

13. Occupation
Nature of industry Laborer

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 0
(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 or born. at 6:30 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 evidence of life after birth.

Signature P. M. Rydler
Address Winkelman, Ariz.
(Physician or midwife)

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

Filed April 1, 1926
Local Registrar. P. G. Hutton

Registrar.

Filed _____ 19____
County Registrar.

722-1203-171