

N. S. - in 5-2-5. than one child at birth, a SEP. 12. JCN must be made for each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____
District of _____
Town of _____
or _____
City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 154
County Registrar No. _____
Local Registrar No. 402

2. Full name of child Emma P. Figueroa { If child is not yet named, make supplemental report, as directed.

3. Sex of Child F. 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 12 15 25 Month Day Year

8. FATHER
Full name Perfecto Figueroa
9. Residence (Usual place of abode) Superior Ariz
If non-resident, give place and state.
10. Color or race Mex
11. Age at last birthday 28 (Years)
12. Birthplace (city or place) Mexico
(State or country)
13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Rita Padilla
15. Residence (Usual place of abode) Superior Ariz
If non-resident, give place and state.
16. Color or race Mex
17. Age at last birthday 31 (Years)
18. Birthplace (city or place) El Paso Tex
(State or country)
19. Occupation
Nature of industry H.W.

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 1 (b) Born alive but now dead 1 (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 alive at 10 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 C. E. Perkins (Physician or midwife)
Address Maricopa

Given name added from a supplemental report _____ Filed Dec 30 1925 Local Registrar.
Registrar _____ Filed _____ 19 _____ County Registrar.

581-1215-741