

Items 2, 8 & 14 CORR. BY AFF. OF REG. BAPTISTAL RECORD
and Birth Record of Child (4-4-68/mms)

CERTIFICATE AMENDED
SEE NOTATION ✓

ARIZONA STATE BOARD OF HEALTH

1. County of Pima PLACE OF BIRTH
District of _____ BUREAU OF VITAL STATISTICS State Index No. 119
Town of Winkelman ORIGINAL CERTIFICATE OF BIRTH County Registrar No. _____
or _____ Local Registrar No. _____
City of Martha No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Arbustia Corrales L. Corrales } 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 Jan 20 1926
Month Jan day 20 year 1926

8. FATHER Corrales
Full name Friedad Corrales
9. Residence Winkelman
(Usual place of abode)
If nonresident, give place and state

14. MOTHER Lopez
Full name Louisa Lopez
15. Residence Winkelman
(Usual place of abode)
If nonresident, give place and state

10. Color or race Mexican
11. Age at last birthday 24 (Years)

16. Color or race Mexican
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Alamo
(State or country) Poncha Mexico
13. Occupation Mechanic
Nature of Industry

18. Birthplace (city or place) Winkelman
(State or country) Arizona
19. Occupation Housewife
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? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 p.m. on the date above stated.
(Born alive or stillborn.)

Signature Charles B. Stevens M.D.
Address Hayden Arizona
(Physician or midwife)

Filed Feb 3 1926 J. P. Hutton, Local Registrar.
Registrar. _____ County Registrar. _____

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.

432-120-539