ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 138

County Registrar No.

Local Registrar No. 1

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)

2. Full name of child Dolores Armenta — 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. 8 1926 (Month day year)

8. FATHER

Full name Cirilo Armenta

9. Residence (Usual place of abode) Hayden

If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 32 (Years)

12. Birthplace (city or place) .....

(State or country) Sonora, Mexico

13. Occupation Laborer

Nature of industry Copper Smelter

14. MOTHER

Full maiden name Pabla Acosta

15. Residence (Usual place of abode) Hayden

If nonresident, give place and state

16. Color or race Mexican

17. Age at last birthday 34 (Years)

18. Birthplace (city or place) .....

(State or country) Tucson, Arizona

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 1

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? no doctor in attendance

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 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 evidences of life after birth.

Signature Cirilo Armenta (Physician or midwife)

Address Hayden, Arizona

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

Filed Jan. 11th, 1926 W. B. Nash Local Registrar.

Registrar.

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

411-104-711

In order of birth stated.