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 Gila

District of

Town of

or

City of Hayden No. St. Ward

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148

County Registrar No.

Local Registrar No. 8

2. Full name of child Alejandro Rivera — If child is not yet named, make supplemental report, as directed.

3. Sex of Child: Male — 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: Feb 17, 1926 (Month day year)

8. FATHER

Full name Bernardino Rivera

9. Residence (Usual place of abode) Hayden

If nonresident, give place and state

10. Color or race: Mexican

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) San Miguel

(State or country) Sonora, Mexico

13. Occupation Laborer

Nature of industry Copper Smelter

14. MOTHER

Full maiden name Refugio Mendoza

15. Residence (Usual place of abode)

If nonresident, give place and state Hayden

16. Color or race: Mexican

17. Age at last birthday 18 (Years)

18. Birthplace (city or place) La Cananea,

(State or country) Sonora, 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 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 (Born alive or stillborn.) at 3:00 A.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 Bernardino Rivera, Father (Physician or midwife)

Address Hayden, Arizona

Given name added from a supplemental report

Month, day, year.

Filed Feb 24, 1926 W. B. Nash Local Registrar.

Registrar.

Filed , 19

County Registrar.

191-217-941