

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151  
County Registrar No. \_\_\_\_\_  
Local Registrar No. \_\_\_\_\_

PLACE OF BIRTH  
1. County of Gila  
District of \_\_\_\_\_  
Town of Winkelman  
or  
City of Arizona

2. Full name of child Macaria Marchichi  
(If ~~born~~ occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, if directed.

3. Sex of Child Female } To be answered ONLY in event of plural births. } 4. Twin, triplet or other ✓ 6. Legitimate? ✓ 7. Date of birth Mar. 10<sup>th</sup> 1926  
5. No., in order of birth ✓ } Month Day Year

8. FATHER  
Full name Rose Marchichi  
9. Residence (Usual place of abode) Copper Creek, Ariz.  
If nonresident, give state \_\_\_\_\_  
10. Color or race Mexican  
11. Age at last birthday 30 (Years)

14. MOTHER  
Full maiden name Antonia Durrela  
15. Residence (Usual place of abode) Copper Creek, Ariz.  
If nonresident, give state \_\_\_\_\_  
16. Color or race Mexican  
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) (State or country) Tombstone, Ariz.  
13. Occupation Nature of industry laborer

18. Birthplace (city or place) (State or country) Lenora, Mexico  
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 Mar. 10<sup>th</sup> 1926 at 4:15 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 evidence of life after birth.  
Signature P. M. Butler, M.D.  
Address Winkelman, Arizona  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Registrar. \_\_\_\_\_  
Filed April 1<sup>st</sup> 1926 P. G. H. O. H. H. H.  
Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

449 - 310 - 121

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. MAKE PLAINLY WITH US—