

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

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
District of _____
Town of Hayden
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 114
County Registrar No. _____
Local Registrar No. 26

2. Full name of child Sergio Madril
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
} 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 May 4 1926
Month day year

8. FATHER
Full name Ramon Madril
9. Residence San Gabriel near Tucson, Ariz
(Usual place of abode) near Tucson, Ariz
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 38 (Years)

14. MOTHER
Full maiden name Eurelia Pizarra
15. Residence San Gabriel near Tucson, Ariz
(Usual place of abode) near Tucson, Ariz
If nonresident, give place and state
16. Color or race, _____
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) Atlix, Vera. Mex.
(State or country)
13. Occupation mechanic
Nature of industry

18. Birthplace (city or place) Atlix, Vera. Mex.
(State or country)
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 5
(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 7:00 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.
Given name added from a supplemental report _____
Signature Eufemia Romero
(Physician or midwife)
Address Hayden, Arizona

Filed May 7 1926 Ed J. Peard
Month, day, year. Local Registrar.
Registrar. _____ Filed _____ 19 _____ County Registrar.

243-504-131