

N. E.—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 Casa Grande
District of _____
Town of _____
or _____
City of Miami

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 118
County Registrar No. 608
Local Registrar No. _____

2. Full name of child Agustín Regalado
(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 1 }
6. Legitimate? Yes }
7. Date of birth May 5 1926
Month day year

8. FATHER
Full name Esteban Regalado

14. MOTHER
Full maiden name Luz De Leon

9. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state

15. Residence (Usual place of abode) Miami, Ariz.
If nonresident, give place and state

10. Color or race Mexican

11. Age at last birthday 34 (Years)

16. Color or race Mexican

17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mitchell, Ariz.
(State or country)

13. Occupation Miner
Nature of industry

19. Occupation House wife
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 3
(b) Born alive but now dead none
(c) Stillborn none

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 _____ at _____ 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 R. J. Diteben N.
(Physician or midwife)

Address _____
Given name added from a supplemental report _____
Filed May 26 1926 _____
Month, day, year. Local Registrar.
County Registrar.

196-505-315