

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 Yuma
District of _____
Town of _____
or
City of Yuma

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 136
County Registrar No. _____
Local Registrar No. 611

2. Full name of child Antonio Macias } 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 1st } 6. Legitimate? _____ } 7. Date of birth May-10-1926
Month day year

3. FATHER
Full name Leocadio Macias

14. MOTHER
Full maiden name Solidad Medina

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

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

10. Color or race Mexican

11. Age at last birthday 21 (Years)

16. Color or race Mexican

17. Age at last birthday 18 (Years)

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

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

13. Occupation Miner
Nature of industry

19. Occupation Housewife
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 1
(b) Born alive but now dead 1
(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 7 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 E. J. Stetson
(Physician or midwife)

Address Yuma, Ariz
Local Registrar.

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

Filed May 26, 1926
Local Registrar.

Registrar.

Filed _____, 19____
County Registrar.

142-510-241