

USE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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

BUREAU OF VITAL STATISTICS

State Index No. 166

District of \_\_\_\_\_

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. \_\_\_\_\_

Town of Hayden

Local Registrar No. 42

or

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Mariana P. Montano If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female 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 7-26-1926 Month day year

8. Full name Ysidro R. Montano FATHER

14. Full maiden name Maria Jesus Duarte MOTHER

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

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

10. Color or race Mex 11. Age at last birthday 34 (Years)

16. Color or race Mex 17. Age at last birthday 24 (Years)

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

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

13. Occupation Laborer Nature of industry

19. Occupation H. W. Nature of industry

20. Number of children of this mother 4 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 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 6:50 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 John R. Muslar (Physician or midwife)

Address Hayden, Ariz Filed July 27<sup>th</sup> 1926 Local Registrar

1 supplemental report \_\_\_\_\_ Month, day, year. Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

446-706-445