

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Esala

BUREAU OF VITAL STATISTICS

State Index No. 129

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

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. 762

Town of \_\_\_\_\_

Local Registrar No. \_\_\_\_\_

or Miami

No. 2008 Loewis Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Leonor Belgadillo } 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. Legitimate? Yes 6. No., in order of birth. \_\_\_\_\_ 7. Date of birth Aug 1 1926 Month day year

3. FATHER Full name Salvador Belgadillo 9. Residence (Usual place of abode) Miami, Ariz If nonresident, give place and state \_\_\_\_\_

14. MOTHER Full maiden name Cresencia Munoz 15. Residence (Usual place of abode) Miami, Ariz If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican 11. Age at last birthday 28 (Years)

16. Color or race Mexican 17. Age at last birthday 26 (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 3 (b) Born alive but now dead none (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 or stillborn.) at 11 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 evidences of life after birth. Given name added from supplemental report \_\_\_\_\_ Signature P. J. Stelzma (Physician or midwife) Address Miami Ariz Filed Aug 10 19 26 Local Registrar. \_\_\_\_\_

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ to \_\_\_\_\_ County Registrar.

346-801-319