

-in case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of cases in order of birth stated.

PLACE OF BIRTH

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

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 204
County Registrar No. _____
Local Registrar No. 53

2. Full name of child Jean Furbes
(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. Legitimate? Yes }
6. Date of birth Aug 23 1926
Month day year

8. FATHER
Full name Jean Furbes
9. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____
10. Color or race Mex
11. Age at last birthday 28 (Years)

14. MOTHER
Full maiden name Magdalena Ochoa
15. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____
16. Color or race Mex
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Buena Vista
(State or country) Ariz
13. Occupation Labourer
Nature of industry _____

18. Birthplace (city or place) Tempe
(State or country) Ariz
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. 0
(b) Born alive but now dead. _____
(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 (Born alive or stillborn.) at 1:00 P. 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.
Signature Jean Furbes father
(Physician or midwife)
Address Hayden Ariz

Given name added from a supplemental report _____
Month, day, year. Filed Aug 24 1926
Local Registrar. M B J

Registrar. _____ Filed _____ 19____ County Registrar.

162-823-461