

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

1. County of Gila  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 223  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 54

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Augustine Aguirre } 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. \_\_\_\_\_ 6. Legitimate? Yes } 7. Date of birth Aug 28 1926  
5. No., in order of birth. \_\_\_\_\_ } Month day year

8. FATHER  
Full name Cruz Aguirre  
3. Residence (Usual place of abode) Hayden  
If nonresident, give place and state.

14. MOTHER  
Full maiden name Manuela Bravo  
15. Residence (Usual place of abode) Hayden  
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 25 (Years)

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

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

13. Occupation Millman  
Nature of industry Copper Concentrator

19. Occupation \_\_\_\_\_  
Nature of industry Housewife

20. Number of children of this mother: (a) Born alive and now living 6  
(b) Born alive but now dead 2  
(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 10:00 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.  
Signature Guana Jimenez (Physician or midwife)  
Address Hayden Ariz

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_ Filed Aug 31, 1926 M. J. Mash Local Registrar.  
Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19\_\_\_\_ County Registrar.

115-828-426