

in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 153

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

County Registrar No. 60

Town of Hayden

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

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 Juanita Cornejo } 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 Sept 20 1926  
Month day year

8. FATHER  
Full name Patricio Cornejo

14. MOTHER  
Full maiden name Concepcion Ybarra

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 Mexican 11. Age at last birthday 33 (Years)

16. Color or race Mexican 17. Age at last birthday 29 (Years)

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

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

13. Occupation Laborer  
Nature of industry Smelter

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

20. Number of children of this mother: (a) Born alive and now living 3  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)

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 3:30 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 Juana Limanes  
(Physician or midwife)  
Address Hayden, Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_ Filed Sept 25, 1926 \_\_\_\_\_  
Local Registrar.

Registrar. \_\_\_\_\_ Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

136-920-181