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

1. County of Gila

District of

Town of

or

City of Globe

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 130

County Registrar No.

Local Registrar No. 246

No. Ruiz Canyon St. Ward

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

2. Full name of child Amelia

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?

7. Date of birth 11 (Month) 6 (day) 26 (year)

FATHER

8. Full name Jose Estrada deceased

9. Residence (Usual place of abode)

If nonresident, give place and state Ruiz Canyon

10. Color or race Mexican

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation

Nature of industry Laborer

MOTHER

14. Full maiden name Dolores Romero

15. Residence (Usual place of abode)

If nonresident, give place and state Ruiz Canyon

16. Color or race Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation

Nature of industry H. W

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 2

(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 at 2 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 L. E. Weyhrich M.D.

(Physician or midwife)

Address

Given name added from a supplemental report

Month, day, year.

Filed 11-30, 1926 W. H. Hoxy

Local Registrar.

Registrar.

Filed , 19

County Registrar.

151-1106-1196