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.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 184

County Registrar No.

Local Registrar No. 79

PLACE OF BIRTH

1. County of Gila

District of

Town of Hayden

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 Marciana Jimenez } 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 Dec 25 1926 (Month day year)

8. FATHER

Full name Robustiano Jimenez

9. Residence (Usual place of abode) Hayden

If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 35 (Years)

12. Birthplace (city or place) San Bernardino (State or country) Calif

13. Occupation Laborer

Nature of industry Copper Smelter

14. MOTHER

Full maiden name Juana Gutierrez

15. Residence (Usual place of abode) Hayden

If nonresident, give place and state

16. Color or race Mexican 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Parral (State or country) Chihuahua Mex

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 1
(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 ..... at 7:30 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 Robustiano Jimenez - Father (~~Physician or midwife~~)

Address Hayden, Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed Dec 31, 1926 W B Nash Local Registrar.

..... Registrar.

Filed ....., 19.... ..... County Registrar.

419-1225-179