ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 380

Registered No. 30

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township ..... or Village Wickenburg

City ..... No. ..... St. ..... Ward

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

2. Full name of child Laura Echeverred

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child Girl

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. 21 1926 (Month Day Year)

8. FATHER

Full name Miguel Echeverred

9. Residence (Usual place of abode) Winslow + Wickenburg

If non-resident, give place and state Arizona

10. Color or race Spanish

11. Age at last birthday 41 (Years)

12. Birthplace (city or place) Viscarret

(State or country) Spain

13. Occupation Sheep man

Nature of industry raises Sheep

14. MOTHER

Full maiden name Vicencia Martinez

15 Residence (Usual place of abode) Winslow + Wickenburg

If non-resident, give place and state Arizona

16 Color or race Spanish

17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Espinal

(State or country) Spain

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 5

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 5

(b) Born alive but now dead 0

(c) Stillborn 0

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 Alive (Born alive or stillborn.) at 4 30 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 evidence of life after birth.

Signature J. A. Copeland

M.D. (Physician or midwife).

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

Address Wickenburg Ariz

Registrar

Filed 12/23, 1926

J. A. Copeland

Registrar

351-1221-548

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.