

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

ARIZONA STATE BOARD OF HEALTH

1. County of Bila
 District of C
 Town of Inspiration
 or
 City of _____ No. _____ St. _____ Ward _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 179
 County Registrar No. 266
 Local Registrar No. _____

2. Full name of child Elecia Ballard (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth June 21 1928
 Month Day Year

8. FATHER
 Full name Ezequiel Ballard
 9. Residence (Usual place of abode) Miami
 If nonresident, give place and state Arizona
 10. Color or race Mexican
 11. Age at last birthday 32 (Years)
 12. Birthplace (city or place) (State or country) Mexico
 13. Occupation Labour
 Nature of industry Mining

14. MOTHER
 Full maiden name Teresa Martinez
 15. Residence (Usual place of abode) Miami
 If nonresident, give place and state Arizona
 16. Color or race Mexican
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) (State or country) Mexico
 19. Occupation Housewife
 Nature of industry _____

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 3
 (b) Born alive but now dead None
 (c) Stillborn None
 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 at 1:30 a. 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 evidence of life after birth.
 Signature John Hagan M.D.
 Address Inspiration, Ariz.
 Given name added from a supplemental report _____
 Month, day, year. _____
 Registrar. _____
 Filed June 30 1928 _____
 Local Registrar. _____
 Filed _____ 19 _____
 County Registrar. _____

4770-621-347