ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 285

Local Registrar's No. 3

1. PLACE OF BIRTH

County Maricopa State Arizona

District or Township ..... or Village Wickenburg Ariz

City ..... No. at home St., ... Ward

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

2. Full name of child Rachel Marie Echeverria — 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: One

5. No., in order of birth: 4th

6. Legitimate? yes

7. Date of birth: 3 - 1 - 1929 (Month Day Year)

8. FATHER

Full name Fermin Echeverria

9. Residence (Usual place of abode) Wickenburg

If non-resident, give place and state. Arizona

10. Color or race: Spanish White

11. Age at last birthday 35 (Years)

12. Birthplace (city or place) Viscarret Spain (State or country) Spain

13. Occupation Raises Sheep

Nature of industry

14. MOTHER

Full maiden name Benancia Miranda

15. Residence (Usual place of abode) Wickenburg

If non-resident, give place and state. Arizona

16. Color or race: White

17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Los Angeles (State or country) California

19. Occupation House wife

Nature of industry

20. Number of children of this mother 4 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(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 7:20 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

Registrar

Filed 3/6, 1929 J. A. Copeland

957-301-541

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.