

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 104
 Local Registrar's No. 55

1. PLACE OF BIRTH

County Gila State _____
 District or Township _____ or Village _____

City Apache No. _____ SL _____ Ward _____
(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.

2. Full name of child Carmen Enriquez

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 July 16 1929
 Month Day Year

FATHER
 Full name Jesus Enriquez
 2. Residence (Usual place of abode) Apache
 If non-resident, give place and state.

MOTHER
 Full maiden name Rosa Hernandez
 15. Residence (Usual place of abode) Apache
 If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 22 (Years)

16. Color or race Mex 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Salisco Mex
 (State or country)

18. Birthplace (city or place) Salisco Mex
 (State or country)

13. Occupation Labour
 Nature of industry

19. Occupation House wife
 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 2
 (b) Born alive but now dead 1
 (c) Stillborn _____ 21. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 11 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 Charles B. ...
 _____ (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden, Arizona
 Month, day, year _____

Registrar _____ Filed July 19 1929 N. B. ... Registrar

Full sex of child
 Rest
 ch
 N.B.—in case of ...