

er of each.
of each in
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.

SUPPLEMENT ATTACHED

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

State File No. 138
Registered No. _____

1. PLACE OF BIRTH
County Gila State _____

District or Township _____ or Village _____
City Bunkelman St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eva Fundada Acido (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 Jan 5 1927
Month Day Year

8. FATHER
Full name Francisco Acido
9. Residence Bunkelman Arizona
(Usual place of abode)
If non-resident, give place and state

14. MOTHER
Full maiden name Antonias Trias
15. Residence Bunkelman Arizona
(Usual place of abode)
If non-resident, give place and state

10. Color or race Mexican
11. Age at last birthday 25 (Years)

16. Color or race Mexican
17. Age at last birthday 28 (Years)

12. Birthplace San morillo Mex
(State or country)

18. Birthplace Magdalena Victoria Mex
(State or country)

13. Occupation Labour
Nature of industry

19. Occupation House wife
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 born alive at 8:10 m. on the date above stated.
Signature Charles B. Suckland
(Physician or midwife).

* 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.
Given name added from a supplemental report _____
Month, day, year _____
Registrar _____
Address _____
Filed Feb 4, 1927 P. G. Hutton
Registrar

516-105-132