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 2. F
 3. Se
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 5. I
 6. I
 7. C
 8. No
 9. 20. 1
 10. 13. C
 11. No
 12. 20. 1
 13. C
 14. No

PLACE OF BIRTH

1. County of Yuma
 District of _____
 Town of Hayden
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119
 County Registrar No. _____
 Local Registrar No. 23

2. Full name of child Victoria Fuentes No. 1 birth occurred in a hospital or institution, give its NAME instead of street and nu. St. _____
 { If child is not yet named, supplemental report, as dir

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth May 5 1927
 Month Day Year

8. FATHER
 Full name Louisa Fuentes
 9. Residence (Usual place of abode) Phoenix Ariz.
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Guadalupe Torres
 15. Residence (Usual place of abode) Phoenix Ariz.
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 27 (Years)

16. Color or race Mexican
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Leon
 (State or country) Guanajuato Mex.

18. Birthplace (city or place) Mayaguez, P.R.
 (State or country) P.R.

13. Occupation aircraft
 Nature of industry Circus

19. Occupation aircraft
 Nature of industry Circus

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 2
 (b) Born alive but now dead 2
 (c) Stillborn _____

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 or stillborn.) at 4:30 P.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 Eufemia Romero
 Address Hayden Ariz
 (Physician or midwife)

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

Filed May 7 1927 W. D. D. J. B.
 Registrar Local Registrar

County Registrar.

562-305-739