

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 142
County Registrar No. _____
Local Registrar No. 45

PLACE OF BIRTH

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

No. _____ (birth occurred in a hospital or institution give its NAME instead of street and number) St. _____ Ward _____

2. Full name of child Refugia Sandoral
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 July 4 1927
If child is not yet named, make supplemental report, as directed.

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

14. MOTHER
Full maiden name Lucena Lujan
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 28 (Years)

16. Color or race Mexican
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Yuma
(State or country) Arizona

18. Birthplace (city or place) Caborca
(State or country) Sonora Mex

13. Occupation Labour
Nature of industry Copper Mill

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 1
(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 Female (Born alive or dead) 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 H. Smith (Physician or midwife)
Address Hayden, Arizona

Given name added from a supplemental report Month, day, year Filled July 9, 1927
923 - 704 - 135 Filled _____
Registrar _____ Local Registrar _____
County Registrar _____

RETURN must be made for each, and the number of birth stated.