

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

State File No. 116
Registered No. 56

PLACE OF BIRTH

County Siber State _____
District or Township _____ or Village _____

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

Full name of child Ismael Magaña
(If child is not yet named, make supplemental report, as directed.)

Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? Yes 7. Date of birth Aug 1 1927
Month Day Year

FATHER
Full name José Magaña
Residence (Usual place of abode) Hayden
If non-resident, give place and state _____

MOTHER
Full maiden name Maria Muñoz
Residence (Usual place of abode) Hayden
If non-resident, give place and state _____

8. Color or race Mexican 11. Age at last birthday 23 (Years)
2. Birthplace (City or place) San Juan de los Rios
(State or country) Tabasco Mex
3. Occupation Labour
Nature of industry _____

14. Color or race Mexican 17. Age at last birthday 22 (Years)
18. Birthplace (city or place) San Juan de los Rios
(State or country) Tabasco Mexico
19. Occupation House wife
Nature of industry _____

10. 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 _____
(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 _____ at 10 P m. on the date above stated
(Born alive or stillborn)

* 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. ...
Hayden Aug
Physician or Midwife

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

Registrar _____
Filed Aug 6 1927 W.D.P. ...
Registrar

841-801-442