

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

State File No. 1451
 Registered No. 67

1. PLACE OF BIRTH

County Sila 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)

2. Full name of child Senaida Muñoz { 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 1st 6. Legitimate? Yes 7. Date of birth Sept 17 1927
 Month Day Year

8. FATHER Full name <u>Felix Muñoz</u>	14. MOTHER Full maiden name <u>Isabel Errera</u>
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9. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state.	15. Residence (Usual place of abode) <u>Hayden</u> If non-resident, give place and state.
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10. Color or race <u>Mex</u>	16. Color or race <u>Mexican</u>
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11. Age at last birthday <u>31</u> (Years)	17. Age at last birthday <u>20</u> (Years)
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12. Birthplace (city or place) <u>San Juan de los Rios</u> (State or country) <u>Galisco Mex</u>	18. Birthplace (city or place) <u>San Miguel</u> (State or country) <u>Galisco</u>
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13. Occupation <u>Labourer</u> Nature of industry	19. Occupation <u>House wife</u> Nature of industry
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20. Number of children of this mother _____ <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>1</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated

Signature Charles B. Sturges M.D.
* 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 _____ Address Hayden Ariz
Month, day, year (Physician or midwife)

Filed Sept 19 1927 Registrar W.B. Dineen

249-919-951