

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

State File No. 129  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Yuma State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Winslow No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Maria Alvarez If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 Oct 11 1927  
Month Day Year

8. FATHER Full name Suzorio Alvarez

9. Residence (Usual place of abode) Christmas  
 If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) Honora  
 (State or country) Mexico

13. Occupation Miner  
 Nature of industry

14. MOTHER Full maiden name Mercades Cabeza

15. Residence (Usual place of abode) Christmas  
 If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Hogale  
 (State or country) Sonora

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 4 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmic neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 1:30 A. 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. Hutton (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Hogale Ariz  
 Month, day, year \_\_\_\_\_ Filed Nov 5 1927 P. H. Hutton Registrar

Registrar

119-1011-499

and the number of ea.

order of