

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

State File No. 147
 Registered No. _____

1. PLACE OF BIRTH

County Pima State _____
 District or Township _____ or Village _____
 City Bunkelman No. _____ St. _____ Ward _____

2. Full name of child Arnoldo Felipe Bracamonte If birth occurred in a hospital or institution, give its NAME instead of street and number
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 18 1927
 Month Day Year

8. FATHER Full name Ramon Bracamonte 14. MOTHER Full maiden name Chouta Rivera

9. Residence (Usual place of abode) Bunkelman Ariz 15. Residence (Usual place of abode) Bunkelman
 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 26 (Years)

12. Birthplace (city or place) Phoenix Ariz. 18. Birthplace (city or place) Florence Arizona
 (State or country)

13. Occupation Laborer 19. Occupation Housewife
 Nature of Industry

20. Number of children of this mother 2 (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 _____ (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 12:30 Am. on the date above stated

Signature Charles B. Stewart (Physician or Midwife)

Given name added from a supplemental report _____ Address Hayden

Month, day, year _____ Filed Nov 5, 1927 Registrar P. J. Hutton

Registrar _____ Registrar _____

125-1018-391

SEPARATE & ORDER OF BIRTH