

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

State File No. 150
 Registered No. 71

County Gila 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 Ricardo Marquez { 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 19 1927
 Month Day Year

8. FATHER
 Full name George Marquez

14. MOTHER
 Full maiden name Rita Yucas

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

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 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 24 (Years)

16. Color or race Mexican 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Santa Cruz
 (State or country) Mexico

18. Birthplace (city or place) Patagonia
 (State or country) Arizona

13. Occupation labour
 Nature of industry

19. Occupation Housewife
 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 5
 (b) Born alive but now dead 0
 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 150

I hereby certify that I attended the birth of this child, who was _____ at _____ A. m. 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 Krust

Given name added from a supplemental report _____ Address Hayden, Arizona
 Month, day, year _____ (Physician ~~Midwife~~)

Filed Oct 22 1927 W. J. Pugh
 Registrar Registrar

749-1019-982