

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

SUPPLEMENT ATTACHED

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

State File No. 124
 Registered No. 81

1. PLACE OF BIRTH

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

Maria Elena Baldinger
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

To be answered ONLY
 in event of plural
 births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Female Yes Nov 10 1927
 Month Day Year

8.

FATHER

Full name

Lucas Baldinger

14.

MOTHER

Full maiden name

Sara Loña

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Hayden

10. Color or race

Mex

11. Age at last birthday

25 (Years)

16. Color or race

Mex

17. Age at last birthday

22 (Years)

12. Birthplace (city or place)

(State or country)

Mogaby
Arizona

18. Birthplace (city or place)

(State or country)

Urbon
Arizona

13. Occupation

Nature of industry

Laborer

19. Occupation

Nature of industry

House Wife

20. 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

(b) Born alive but now dead

(c) Stillborn

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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

(Born alive or dead)

at 6 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 H. Hurd

(Physician or Midwife)

Given name added from a supplemental report

Month, day, year

Address

Hayden, Arizona

Filed

Nov 27 1927

2073 Dub.

Registrar

Registrar

426-1110-231