

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

State File No. 129
 Registered No. 82

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 Jose de Jesus Surrera (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. Twin, triplet or other _____ 6. Legitimate? Yes
 7. Date of birth Nov 12 1927
 Month Day Year

8. FATHER
 Full name Luis Surrera
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____
 10. Color or race Mex
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) San Anton
 (State or country) Cal. Mex.
 13. Occupation labour
 Nature of industry _____

14. MOTHER
 Full maiden name Roberta Lopez
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state _____
 16. Color or race Mex
 17. Age at last birthday 20 (Years)
 18. Birthplace (city or place) Union Detan
 (State or county) Abasco, Mex.
 19. Occupation House wife
 Nature of industry _____

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 _____
 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 _____ A.M. on the date above stated.
(Born alive or stillborn.)
 Signature Charles H. ...
(Physician or Midwife.)
 Address Hayden, Arizona
 Filed Nov 12 1927 W.D. ...
 Registrar

* 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 a supplemental report _____
 Month, day, year _____
 Registrar _____

171-112-939

RECORD
 WRITE
 N. B.—In case of more than one child at a birth, a separate order of birth should be filed for each.