

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. 77

STANDARD CERTIFICATE OF BIRTH

Registered No. _____

1. PLACE OF BIRTH

County Cochise State Arizona
 District or Township Pittsfield or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Neda (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Dec 29 1929
 Month Day Year

8. FATHER
 Full name Rafael Oquita
 9. Residence (Usual place of abode) 1-7 av st
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Sara Oquita
 15. Residence (Usual place of abode) 1-7 av st
 If non-resident, give place and state.

10. Color or race Mex
 11. Age at last birthday 36 (Years)

16. Color or race Mex
 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) _____
 (State or country) Mex

18. Birthplace (city or state) _____
 (State or country) Mex

13. Occupation
 Nature of industry Lab

19. Occupation
 Nature of industry Housewife

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 1
 (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 alive at 4:30 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 Douglas

 _____ (Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address _____
 Registrar 2-1-28 Greaser
 Filed _____ Registrar

661-1229-261

order of birth stated.