

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

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

232
234
State File No. 234
Registered No. 26

1. PLACE OF BIRTH

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

2. Full name of child

David Apodaca

(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

Jan. 30, 1930
Month Day Year

8. FATHER

Full name

Benjamin Apodaca

9. Residence

(Usual place of abode)

Slobe Ariz.

If non-resident, give place and state.

14. MOTHER

Full maiden name

Francisca Lopez

15. Residence

(Usual place of abode)

Slobe Ariz.

If non-resident, give place and state.

10. Color or race

Mexico

11. Age at last birthday 32 (Years)

16. Color or race

Mex.

17. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

Salem, New Mex.

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Nature of Industry

Laborer

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.)

4

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

3

1

0

21. Were precautions taken against ophthalmia neonatorum?

eyes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:15 P. 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

I. S. Harper

Address

Slobe, Arizona

(Physician or midwife.)

Given name added from a supplemental report

Month, day, year

Filed

2/10

1930

E. E. Waghlin

Registrar

Registrar

411-130-637