

ARIZONA STATE BOARD OF HEALTH

State File No. 1535

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. 22

BIRTH

Child

State Arizona

Township _____

or Village _____

Hayden

No. _____ St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Name of child Federico Srijalva

If child is not yet named, make supplemental report, as directed.

d To be answered ONLY in event of plural births.

4. Twin, triplet or other _____
5. No., in order of birth Yes

6. Legitimate? Yes

7. Date of birth Mar 12/1930
Month Day Year

FATHER

Luando Srijalva

1 place of residence; if non-resident, give place and state.

Hayden

race _____

11. Age at last birthday 20 (Years)

Mex

MOTHER

14. Full maiden name _____

Maria Romero

15. Residence (Usual place of residence)

If non-resident, give place and state.

Hayden

16. Color or race _____

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

Armadillo
Ariz.

19. Occupation

Nature of Industry

H. O.

of children of this mother _____
time of birth of child herein including this child.

(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was _____

(Born alive or stillborn)

at 8:30 p.m. on the date above stated.

There was no attending physician then the father, householder, I make this return. A stillborn one that neither breathes nor evidence of life after birth.

Signature _____

Charles B. Skutumpah

(Physician or midwife)

Address _____

Month, day, year _____

Address _____

Hayden Arizona
4572 D. Road

Filed Mar 15 1930

Registrar.

Registrar.

4971-302-496