

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 174
Registered No. 25

1. PLACE OF BIRTH

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

2. Full name of child Rita Arley } 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? 2
5. No., in order of birth 2
6. Legitimate? Yes
7. Date of birth Mar 17 1930
Month Day Year

8. FATHER
Full name Ignacio Arby
9. Residence (Usual place of abode) Stephens
If non-resident, give place and state.

14. MOTHER
Full maiden name Bryola Bravo
15. Residence (Usual place of abode) Stephens
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday (Years) 31

16. Color or race Mex
17. Age at last birthday (Years) 28

12. Birthplace (city or place) Redington
(State or country) Ariz

18. Birthplace (city or place) Redito
(State or country) Arizona

13. Occupation Labour
Nature of Industry _____

19. Occupation A. O.
Nature of Industry _____

20. Number of children of this mother 7 } (a) Born alive and now living 5
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
(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)

*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 R. Hunt

Given name added from a supplemental report _____ Address Hayden, Arizona
Month, day, year _____

Registrar. _____ Filed Mar 19 1930 _____
Registrar. _____

969-317-226