

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

State File No. 171
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Christmas or Village Christmas
 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 Raya { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>Yes</u>	7. Date of birth <u>April 14 1930</u> Month Day Year
5. No., in order of birth				

8. FATHER
 Full name Jesus Raya

14. MOTHER
 Full maiden name Josephine Usequi

9. Residence
(Usual place of abode) Christmas Arizona
 If non-resident, give place and state.

15. Residence
(Usual place of abode) Christmas Arizona
 If non-resident, give place and state.

10. Color or race
Mexican

11. Age at last birthday 39 (Years)

16. Color or race
Mexican

17. Age at last birthday 35 (Years)

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

18. Birthplace (city or place) _____
(State or country) Mexico.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry House wife

20. Number of children of this mother <u>6th</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>None</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes.</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at A. H. 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 J. H. Davis M.D.

 Physician (Physician or Midwife).

Given name added from a supplemental report. _____
 Address Christmas Arizona
 Filed May 10 1930 P. G. Hutton
 Registrar

Month, day, year
091-414-149
 Registrar