

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 179  
Registered No. 57

1. PLACE OF BIRTH

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

2. Full name of child Modesta Cruz { If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth June 15 1930  
(Month, day, year)

9. Full name of FATHER Rodolfo Cruz

18. Full maiden name of MOTHER María Elena

10. Residence (usual place of abode) Hayden  
(If nonresident, give place and state)

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(If nonresident, give place and state)

11. Color White 12. Age at last birthday 27 (Years)

20. Color White 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) San Antonio  
(State or country)

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(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Month and year June 1930 engaged in this work

25. Date (month and year) June 15, 1930 last engaged in this work

17. Total time (years) spent in this work 2 years 26. Total time (years) spent in this work 4

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn ✓

28. If stillborn, period of gestation ✓ { months or weeks } 29. Cause of stillbirth \_\_\_\_\_ { Before labor ✓ During labor ✓ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 3:30 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. }

(Signed) Charles R. Burdick M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or Hayden Cruz Midwife

Address W B Graham  
Filed June 18 1930 Registrar.

Registrar.

2139-615-451

ARIZONA STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, YUMA, ARIZONA