

the number of

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 169

Registered No. 76

1. PLACE OF BIRTH

County Gila State Ariz.

District or Township _____ 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 Baby Cordova } If child is not yet named, make supplemental report, as directed.

3. Sex of Child M. To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ of Legitimate? Yes 7. Date of birth 8/21/30
5. No. in order of birth _____ 6. Month Day Year

8. Higenia FATHER Cordova
Full name

14. Elma MOTHER Molera
Full maiden name

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

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

10. Color or race Mex. 11. Age at last birthday 34 (Years)

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

12. Birthplace (city or place) _____
(State or country) San. Mex.

18. Birthplace (city or place) _____
(State or country) San. Mex.

13. Occupation Miner
Nature of Industry

19. Occupation H.W.
Nature of Industry

20. Number of children of this mother 5 } (a) Born alive and now living 4
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 1 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was stillborn at CA 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 Fitz R. Winslow M.D.
(Physician or midwife.)

Given name added from _____ Address Hayden, Ariz.
a supplement report _____ Month, day, year

Filed 8/23/30 W. B. Daek
Registrar. Registrar.

each in order of birth stated.

631-821-511