

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 185
Registered No. 19

1. PLACE OF BIRTH

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

2. Full name of child Mannel Ceuteno Gauderos

3. Sex of Child M To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____
5. No., in order of birth _____ 6. Legitimate? Yes 7. Date 8-25-30
Month Day Year

8. FATHER
Full name Pedro Gauderos

14. MOTHER
Full maiden name Maria Ceuteno

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

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

10. Color or race M. 11. Age at last birthday 38 (Years)

16. Color or race Mex 17. Age at last birthday 32 (Years)

12. Birthplace (city or place) (State or country) Michoacan, Mex

18. Birthplace (city or place) (State or country) Guanaguato, Mex

13. Occupation Laborer
Nature of Industry

19. Occupation H. W.
Nature of Industry

20. Number of children of this mother 9 } (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 4
(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 born alive at 5 P .m. on the date above stated.
(Born alive or stillborn)

Signature Chas R Winslow
(Physician or midwife.)

Given name added from a supplement report _____ Address Hayden Ariz
Month, day, year _____ Filed 8/27/30 W B Dail
Registrar. Registrar.

432-825-436

RECALL ALL VITALS