

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 191
Registered No. 109

1. PLACE OF BIRTH

County Gila State Ariz
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

2. Full name of child Carmen Inocente Galindo
(If birth occurred in a hospital or institution give its name instead of street and number)
(If child is yet named, make supplemental report, as directed)

Female Male If plural births _____
4. Twin, triplet, or other _____ 6. Premature 7. Legitimate 8. Date of birth 12/27/1930
5. Number, in order of birth _____ Full term mate (Month, day, year)

9. Full name Isabel Galindo FATHER

18. Full maiden name Carmen Acedo MOTHER

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

19. Residence (usual place of abode) Hayden, Ariz
(If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 48 (Years)

20. Color or race Mex 21. Age at last birthday 38 (Years)

13. Birthplace (city or place) Saltillo
(State or country) Coahuila Mex

22. Birthplace (city or place) Araborca
(State or country) Sonora, Mex.

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

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wagon Repair
Smelter

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

16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 1

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 born alive at 1 P. 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) W. R. Winslow, M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife
Address Hayden, Ariz

Registrar _____

Filed 12-29-30 W. R. Winslow
Registrar _____

376-1227-316