

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 195A
Registered No. 697

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 725 Sullivan St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Clemente Baker } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Boy</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	5. Legitimate? <u>yes</u>	7. Date of birth <u>12 28 30</u> Month Day Year
		6. No., in order of birth.		

8. FATHER

Full name Juan F. Baker

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

10. Color or race Mexican

11. Age at last birthday 45 (Years)

12. Birthplace (city or place) Tlaltenango
(State or country) Jalisco, Mexico

13. Occupation
Nature of Industry Cook

14. MOTHER

Full maiden name Josefina Lopez

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

16. Color or race Mexican

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Waldenbury
(State or country) Colorado U.S.A.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. 4 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
} (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 _____ at _____ o'clock _____ 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 Basa Cortez
(Physician or midwife.)

Given name added from a supplement report _____ Address 706 Sullivan St.

Month, day, year _____ Filed Jan 5 19 31 Registrar J. G. Orrin

392-1228-139