ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 150

Registered No. 6

1. PLACE OF BIRTH

County Gila State Arizona

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 Leopoldo Aguerre { If child is not yet named, make supplemental report, as directed

3. Sex Male

If plural births { 4. Twin, triplet, or other 5. Number, in order of birth

6. Premature Full term

7. Legitimate? Yes

8. Date of birth Jan 12, 1931 (Month, day, year)

FATHER

9. Full name Ricardo Aguerre

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

11. Color or race Mex

12. Age at last birthday 38 (Years)

13. Birthplace (city or place) Tala (State or country) Sinaloa Mex

OCCUPATION

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

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

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Carlota Ulafa

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

20. Color or race Mex

21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Hermosillo (State or country) Son Mex

OCCUPATION

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

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

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 3 (b) Born alive but now dead 0 (c) Stillborn 0

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 or stillborn) at 5:30 a.m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Huntsman M.D.

or Midwife

Address Hayden Ariz

Given name added from a supplemental report (Date of)

Registrar.

Filed Jan 17, 1931 W. D. Nash Registrar.

315-112-341

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD