

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **142**  
Registered No. ....

1. PLACE OF BIRTH

County Gila State Ariz  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden Winkelman St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number) child is not yet named, make supplemental report, as directed.

2. Full name of child Robert Rivera Bracamonte

3. Sex of Child Male To be answered ONLY in event of plural births. } 4. Twin, triplet or other..... Yes Legitimate? Yes Date of birth May 31 1931  
Month Day Year

8. FATHER  
Full name Robert Bracamonte  
9. Residence Hayden Winkelman  
(Usual place of abode)  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Margdalena Granillo Rivera  
15. Residence Winkelman  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race Mex  
11. Age at last birthday 29 (Years)

16. Color or race Mex  
17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Phoenix  
(State or country) Ariz

18. Birthplace (city or place) Flomora  
(State or country) Ariz

13. Occupation Asst Foreman  
Nature of Industry Copper smelter

19. Occupation House help  
Nature of Industry

20. Number of children of this mother..... } (a) Born alive and now living..... 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead.....  
certified and including this child.) } (c) Stillborn..... Yes

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 on the date above stated.

\*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 Charles R. Shultz M.D.  
(Physician or midwife.)

Given name added from a supplemental report..... Address Hayden Ariz

Month, day, year \_\_\_\_\_ Filed June 6 1931 Registrar P. H. Little

928-530-491