Items 2 & 8 amended by affidavit of registrar and Supt. Rural and Federal Marriage & Birth (6-12-40 Lme)

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

108

State File No. .....

Registered No. 253

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Hayden (If birth occurred in a hospital or institution, give its NAME instead of street and number) St., ... Ward

2. Full name of child ~~Maria Cabanedra~~ Josefa Huerta (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child F

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 of birth July 11 1931 (Month Day Year)

FATHER

8. Full name Sebastian ~~Cabanedra~~ Huerta

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

10. Color or race Mex

11. Age at last birthday 29 (Years)

12. Birthplace (city or place) Zacatecas (State or country) Mex

13. Occupation Rail Road
Nature of Industry Labor

MOTHER

14. Full maiden name Antonia Cronada

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

16. Color or race Mex

17. Age at last birthday 27 (Years)

18. Birthplace (city or place) Fronteis (State or country) Son Mex.

19. Occupation House Wife
Nature of Industry

20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 0
(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 or stillborn) at ..... on the date above stated.

Signature Charles R Hunt M.D.
(Physician or Midwife)

Address Hayden Arizona

*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.

Given name added from a supplemental report 181-711-131 (Month, day, year)

Registrar.

Filed July 15 1931

Registrar.

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.