

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 122  
Registered No.       

**1. PLACE OF BIRTH**

County Yila State Arizona  
District or Township Hayden or Village         
City Hayden No.        St.        Ward       

2. Full name of child Carmen Ybarra  
(If birth occurred in hospital or institution, give its NAME instead of street and number. If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. Yes 6. Legitimate? Yes 7. Date of birth July 16, 1931  
5. No., in order of birth. Yes Month July Day 16 Year 1931

8. **FATHER**  
Full name Bernardo Ybarra  
9. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.         
10. Color or race Mex  
11. Age at last birthday 42 (Years)  
12. Birthplace (city or place) Zacatecas  
(State or country) Mex  
13. Occupation Labour  
Nature of Industry       

14. **MOTHER**  
Full maiden name Pablo Rios  
15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.         
16. Color or race Mex  
17. Age at last birthday 36 (Years)  
18. Birthplace (city or place) Yonaguate Mex  
(State or country)         
19. Occupation House Wife  
Nature of Industry       

20. Number of children of this mother. } (a) Born alive and now living 5  
(Taken as of time of birth of child herein } (b) Born alive but now dead 0  
certified and including this child.) } (c) Stillborn 0  
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 12:15 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Charles H. Heston  
(Physician or midwife)

Given name added from a supplemental report. 381-716-792 Address Hayden Ariz  
381-716-792 Month, day, year July 18, 1931  
Registrar. W. P. P. P. Registrar.