

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1430

Registered No. 70

1. PLACE OF BIRTH

County Gila State Arizona
District or 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 Pedro Vasquez
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births }
4. Twin, triplet or other... Yes Legitimate }
7. Date of birth Aug 20 1933
Month Day Year

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

14. MOTHER
Full maiden name Marcia Martinez
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mex
11. Age at last birthday 27 (Years)

16. Color or race Mex
17. Age at last birthday 26 (Years)

12. Birthplace (city or town) San Francisco
(State or country) California

18. Birthplace (city or town) La Union
(State or country) N.M.

13. Occupation Father
Nature of Industry

19. Occupation Housewife
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... 3
(b) Born alive but now dead... 1
(c) Stillborn... 1

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 _____ m. on the date above stated.
(Born alive or stillborn)

Signature Charles H. ...
(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden, Arizona

Month, day, year _____ Filed 9/2 1933 Registrar W.D. ...

759-820 - 449

THIS IS A PERMANENT RECORD
 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