

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **67**
 Registered No. **20**

678

1. PLACE OF BIRTH

County Yuma State Ariz.
 District or Township Yuma or Village _____
 City Yuma No. Ad Home St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number. If child is not yet named, a supplemental report, as directed.)

2. Full name of child Alongo William Arias

3. Sex of Child male 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 Aug 19 19
 Month Day Year

8. **FATHER**
 Full name Andres Arias

14. **MOTHER**
 Full maiden name Dorothy J. Gardner

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

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

10. Color or race Mexican
 11. Age at last birthday 23 (Years)

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

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

18. Birthplace (city or state) Oakland
 (State or country) Calif.

13. Occupation
 Nature of Industry Laborer

19. Occupation
 Nature of Industry Housewife

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 _____
 (b) Born alive but now dead _____
 (c) Stillborn _____

21. Were precautions taken against ep. thalmsia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30a m. on the date above stated.
(Born alive or stillborn)

Signature Clara Sanchez
*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 8-25-31 Address 350 Madison Ave. Yuma
 a supplemental report. Month, day, year

Filed Aug 29 1931 Registrar Mary A. Whipple

112-0817-479

WRITE PLAINLY WITH UNFADING INK—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.
 LARGE RESERVE ON BINDING