

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

86  
 State File No. \_\_\_\_\_  
 Registered No. 221

1. PLACE OF BIRTH

County Yuma State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Slobo No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Juan Robert Alvarez { 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

5. No., in order of birth

6. Legitimate?

yes

7. Date of birth 12-8-31  
 Month Day Year

8. FATHER  
 Full name Juan Alvarez

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

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

12. Birthplace (city or place) Mexico  
 (State or country)

13. Occupation Miner  
 Nature of Industry

14. MOTHER  
 Full maiden name Paulina Cordova

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

16. Color or race Mexican  
 17. Age at last birthday 31 (Years)

18. Birthplace (city or place) Glyton Arizona  
 (State or country)

19. Occupation Housewife  
 Nature of Industry

20. Number of children of this mother 3  
(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 0  
 (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 Born alive 1:30 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 H. C. Berdner  
Physician  
(Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Slobo Arizona

319-1208-731 \_\_\_\_\_  
 Month, day, year  
 Registrar

Filed 1/5 1982 \_\_\_\_\_  
 Registrar

and the number of each in