ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1069

Registered No. 42

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Gerne or Village

City Gerne No. Buena Vista St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Serrano { 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

5. No., in order of birth

6. Legitimate? Yes

7. Date of birth Febr 8, 1932 (Month Day Year)

8. FATHER	14. MOTHER
Full name Dolorio Serrano	Full maiden name Dolores Arias
9. Residence (Usual place of abode) Gerne Ariz	15. Residence (Usual place of abode) Gerne Ariz
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race Mexican	16. Color or race Mexican
11. Age at last birthday 35 (Years)	17. Age at last birthday 28 (Years)
12. Birthplace (city or place) Nogales	18. Birthplace (city or place) Nogales
(State or country) Ariz	(State or country) Arizona
13. Occupation Laborer	19. Occupation House Wife
Nature of industry	Nature of industry

20. Number of children of this mother 9

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 4

(b) Born alive but now dead 3

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? No yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:30 A.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 L. E. Wightman M.D.

(Physician ~~or midwife~~)

Given name added from a supplemental report

Month, day, year

Address Globe Ariz

Filed 4/8, 1932 L. E. Wightman M.D.

Registrar

Registrar

026-208-412

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING