

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. **97**  
Registered No. **74**

**1. PLACE OF BIRTH**

County Yuma State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Claypool No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Romero  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Feb 2 - 1932</u>		
				5. No., in order of birth.....	Month	Day

3. FATHER  
Full name Leandro Romero

14. MOTHER  
Full maiden name Eva Hernandez

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

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

10. Color or race Mex

11. Age at last birthday 42 (Years)

18. Color or race Mex

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Terral, Chihuahua, Mex  
(State or country)

8. Birthplace (city or place) Chihuahua, Mexico  
(State or country)

13. Occupation None  
Nature of Industry

19. Occupation N.W.  
Nature of Industry

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living..... 1  
(b) Born alive but now dead.....  
(c) Stillborn..... 1

21. Were precautions taken against ophthalmia neonatorum? No

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was Stillborn at 6 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 E. Davis  
(Physician or midwife.)

Given name added from a supplemental report. Address Miami, Arizona  
Month, day, year

Registrar. File Feb 2 1932 C. E. Davis Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number each in order of birth stated.

096-302-589