ARIZONA STATE BOARD OF HEALTH

29

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 29

Registered No. 6

1. PLACE OF BIRTH

County Cochise State Arizona

Township or Village

City Douglas No. 248-5th St. St. Ward

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

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

3. Sex M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature / Full term Yes | 7. Legitimate? Yes | 8. Date of birth Jan. 8, 1933 (Month, day, year)

FATHER

Full name Manuel Baldenegro

Residence (usual place of abode) (if non-resident, give place and State)

Color or race Mex. | 12. Age at last birthday 34 (Years)

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

13. Full maiden name Luz Maldonado

19. Residence (usual place of abode) (if non-resident, give place and State)

20. Color or race Mex. | 21. Age at last birthday 16 (Years)

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

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19

26. Total time (years) spent in this work

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead / (c) Stillborn /

If stillborn, period of gestation months or weeks | 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 11 P. m. on the date above stated (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, should make this return.)

(Signed) [signature] M.D.

or Midwife

Address

Filed 2-4, 1933 [signature] Registrar

Then named added from supplemental report (Date of)

Registrar.

126-108-246