ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 81

Registered No. 14

1. PLACE OF BIRTH

County Gila State Ariz

Township or Village

City Hayden No. St. Ward

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

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

3. Sex Male

4. Plural births: Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term Yes

7. Legitimate? Yes

8. Date of birth May 9, 1933 (Month, day, year)

FATHER

9. Full name Narciso Yslas.

10. Residence (usual place of abode) (If non-resident, give place and State) Hayden

11. Color or race Mex

12. Age at last birthday 23 (Years)

13. Birthplace (city or place) Hayden (State or country) Ariz or Mex

OCCUPATION

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

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

18. Full maiden name Anita Quinta

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

20. Color or race Mex

21. Age at last birthday 20 (Years)

22. Birthplace (city or place) Hayden (State or country) Ariz.

OCCUPATION

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

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

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

26. Total time (years) spent in this work

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

28. 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 or stillborn) at 11 30 p. m. on the date above stated

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

(Signed) Charles Hutchins M.D.

or Midwife

Address Hayden Ariz

Given named added from a supplemental report (Date of)

Registrar

Filed May 11, 1933 W. D. Jack Registrar

582-304-111