

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 95-13
Registered No. _____

PLACE OF BIRTH

County Gila State Arizona
District or Township San Pedro River or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Anita R. Limon } If child is not yet named, make supplemental report, as directed.

| | | | | |
|-------------------------------|--|--------------------------------|---------------------------|--|
| Sex of Child <u>female</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>Dec. 14, 1914</u> Month Day Year |
| | | 5. No., in order of birth..... | | |

| FATHER | | MOTHER | |
|---|---|--|---|
| Full name <u>Manuel Limon</u> | | Full maiden name <u>Lola Rubio</u> | |
| Residence (Usual place of abode) <u>Hayden, Arizona</u> | | 15. Residence (Usual place of abode) <u>Hayden, Arizona</u> | |
| If non-resident, give place and state. | | If non-resident, give place and state. | |
| 10. Color or race <u>Mex.</u> | 11. Age at last birthday... <u>34</u> (Years) | 16. Color or race <u>Mex.</u> | 17. Age at last birthday... <u>22</u> (Years) |
| 2. Birthplace (city or place)..... (State or country) <u>Unknown</u> | | 13. Birthplace (city or place).... <u>Phoenix</u> (State or country) <u>Arizona</u> | |
| 3. Occupation Nature of Industry <u>Laborer</u> | | 19. Occupation Nature of Industry <u>Housewife</u> | |

| | | |
|---|--|---|
| 20. Number of children of this mother..... (Taken as of time of birth of child herein certified and including this child.) | (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn..... | 21. Were precautions taken against ophthalmia neonatorum? |
|---|--|---|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was _____ at _____ 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 X Manuel Limon (Father) _____
(Physician or midwife.)

Given name added from a supplemental report. Month, day, year Address
135-1214-396 Filed 2/9/31 WTD Piel
Registrar. Registrar.