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This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Yuma
District of Yuma
Town of _____
or _____
City of Yuma

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH
State Index No. 111
Co. Register No. 400
Local Registrar's No. _____
(No. _____ St; _____ Ward)

FULL NAME OF CHILD Gustavo Granado } Born } YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male Twin, Triplet or other and Number in order of birth _____ Legit. mate? Yes Date of Birth Dec 29 1914
(Month) (Day) (Yr.)

FATHER
Full Name Rafael Granado
Residence Euclid Ave.
Color or Race White Age at last Birthday 35 (Years)
Birthplace Mexico
Occupation Salvador

MOTHER
Full Maiden Name Jesus Gonzales
Residence Same
Color or Race White Age at last Birthday 19 (Years)
Birthplace Mexico
Occupation Housewife

Number of child of this mother... 2 Number of children, of this mother, now living... 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 29 1914, at 6:30 P. M.
{ *When there is no attending physician or midwife, then the householder should make this return. }
(Signature) A. J. Sturgeon
(Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191 _____ Address _____

Filed Dec 29 1914 B. G. Jay LOCAL REGISTRAR.
776-1224-112 Filed Jan 5 1915 A True Copy B. G. Jay COUNTY REGISTRAR.
COUNTY REGISTRAR.