

2382

ARIZONA STATE BOARD OF HEALTH

State File No. 509 B

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

Registered No. 142

County Gila State Arizona  
Township \_\_\_\_\_ or Village Hayden  
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 María Magdalena Romo { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate? Yes 8. Date of birth Aug. 22 19 15  
(Month, day, year)

9. Full name FATHER Augustín Romo

18. Full maiden name MOTHER Balbina Acuña

10. Residence (usual place of abode) Hayden, Arizona  
(If nonresident, give place and State)

19. Residence (usual place of abode) Hayden, Arizona  
(If nonresident, give place and State)

11. Color or race Mexican 12. Age at last birthday 24 (Years)

20. Color or race Mexican 21. Age at last birthday 15 (Years)

13. Birthplace (city or place) Encarnación de Díaz  
(State or country) Jalisco, Mexico

22. Birthplace (city or place) Nogales, Sonora  
(State or country) Mexico

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

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

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

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

16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother One  
(At time of this birth and including this child) (a) Born alive and now living I (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 \_\_\_\_\_ 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. }

(Signed) Augustín Romo Father, M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_

4916-822-211 Registrar.

Filed April 1, 1915 W.P. Nash Registrar

in order of birth stated.