

977

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH
County of Yuma
District of _____
Town of Hayden
or
City of _____

State Index No. 163
ORIGINAL CERTIFICATE OF BIRTH
Co. Registrar's No. 211
Local Registrar's No. _____
(No. _____ St. _____ Ward)

FULL NAME OF CHILD Joseph Maudasa 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 1 Legitimate? Date of Birth April 24 1919
Month Day Yr.

FATHER
Full Name Francisco Maudasa
Residence San Pedro Ariz
Color or Race Mex Age at last Birthday 36 Years
Birthplace Magdalena Mex
Occupation Laborer

MOTHER
Full Maiden Name Jose Rociles
Residence _____
Color or Race Mex Age at last Birthday 22 Years
Birthplace Magdalena Mex
Occupation Housewife

Number of child of this Mother 3 Number of Children, of this mother, now living 3 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child; and that it occurred Apr. 24 1919, at 2:00 P.M.

*When there is no attending physician or midwife, then the householder should make this return.

Signature Edward Slovas M.D.
Attending physician, midwife, householder.*

Given or Christian name added from a supplemental report _____ 191____
141-424-192
COUNTY REGISTRAR.

Address Hayden Ariz
W. B. Fox
LOCAL REGISTRAR.
A True Copy
Filed May 8 1919
W. B. Fox
COUNTY REGISTRAR.