

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of _____
Town of _____
or
City of Hayden, Ariz.

State Index No. 122
County Registrar No. 656
Local Registrar No. 36

2. Full name of child Francisco Brizuela
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct 4 1928
Month Day Year

8. FATHER
Full name Urban Brizuela

14. MOTHER
Full maiden name Patra Leandro

9. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

15. Residence (Usual place of abode) Hayden
If nonresident, give place and state _____

10. Color or race Mexican

11. Age at last birthday 30 (Years)

16. Color or race Mexican

17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mexico
(State or country)

18. Birthplace (city or place) Mexico
(State or country)

13. Occupation Laborer
Nature of industry

19. Occupation Housewife
Nature of industry

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 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:55 a.m. on the date above stated.

*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 Harry L. Ludwig, M.D.
Address Hayden, Arizona
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year.

Filed Oct 6 1928 _____
Filed 11-7 1928 _____
Local Registrar. _____
County Registrar. _____

621-1004-736