

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 383
County Registrar No. 1082
Local Registrar No. 197

PLACE OF BIRTH
1. County of Mazuzpa
District of no 3
Town of Mesa
or
City of _____

2. Full name of child _____
(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 May 28/24
Month Day Year

8. FATHER
Full name Serondina Guzman

14. MOTHER
Full maiden name Guadalupe Medrad

9. Residence (Usual place of abode) Mesa Ariz
If nonresident, give place and state

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If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 28 (Years)

16. Color or race Mexican 17. Age at last birthday 23 (Years)

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

18. Birthplace (city or place) Benson Ariz
(State or country)

13. Occupation Labour
Nature of industry

19. Occupation Wife
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 3
(b) Born alive but now dead _____
(c) Stillborn _____

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 _____ 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 Ed. Spenshaw M.D.
Address Mesa Ariz
(Physician or midwife)

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

Filed June 2, 1924 H. J. McNeill
Local Registrar.
Filed _____, 19____
County Registrar.

575-528-744

THIS INK—THIS IS A PERMANENT RECORD
For one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.