

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Maricopa
 District of Phoenix
 Town of Pickensburg
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 322
 County Registrar No. 14
 Local Registrar No. 36

No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alberto Verdugo
 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, triple or other. 1 5. Legitimate? yes 6. Date of birth Jan-18-1925
 Month day year

3. FATHER
 Full name Frank Verdugo
 9. Residence (Usual place of abode) Pickensburg
 If nonresident, give place and state Arizona

14. MOTHER
 Full maiden name Raney Conception
 15. Residence (Usual place of abode) Pickensburg
 If nonresident, give place and state _____

10. Color or race Mex
 11. Age at last birthday H.D. (Years)

16. Color or race Mex
 17. Age at last birthday 29 (Years)

12. Birthplace (city or place) Pulture
 (State or country) Arizona
 13. Occupation Farmer + Day Laborer
 Nature of industry _____

18. Birthplace (city or place) Sanora
 (State or country) _____
 19. Occupation Housekeeper
 Nature of industry _____

20. Number of children of this mother (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0
 (Taken as of time of birth of child herein certified and including this child.) } 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 alive at 12-5 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 evidences of life after birth.
 Signature J.A. Capeland
 (Physician or midwife)

Given name added from supplemental report _____
 Address _____
 Filed 1/10 1925 J.A. Capeland Local Registrar.

Registrar.

Filed _____ 1925 _____

County Registrar.

156-108-935

MAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.