

MARGIN RESERVED FOR BINDING  
 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**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 115A  
 Registered No. 63

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 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 Ysabel Galindo (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Feb 8, 1925</u> Month Day Year
5. No., in order of birth.				

**8. FATHER**

Full name Ysabel Galindo

9. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state. Arizona

10. Color or race Mexican

11. Age at last birthday 50 (Years)

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

13. Occupation Laborer  
 Nature of industry Steam Power Plant

**14. MOTHER**

Full maiden name Carmen Acedo

15. Residence (Usual place of abode) Hayden  
 If non-resident, give place and state. Arizona

16. Color or race Mexican

17. Age at last birthday 35 (Years)

18. Birthplace (city or place) Altar,  
 (State or country) Sonora, Mexico

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother <u>6</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>5</u>	21. Were precautions taken against ophthalmia neonatorum? <u>NO</u>
	(b) Born alive but now dead <u>1</u>	
	(c) Stillborn _____	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 8:00 A. 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 Ysabel Galindo Father  
Carmen de Galindo Mother  
(Type or print name)

Given name added from a supplemental report \_\_\_\_\_ Address Hayden, Arizona  
 Month, day, year 876-208-316 Filed Aug 23rd, 1929  
 Registrar \_\_\_\_\_ Registrar W. D. Dush