

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of _____

Town of Winkelmanor ~~_____~~City of ~~_____~~BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 131

County Registrar No. _____

Local Registrar No. 1

No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cliff Berdugo { 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 Jul 14 1925 Month Day Year8. FATHER Full name Flourenzio Berdugo9. Residence (Usual place of abode) Winkelman Ariz If non-resident, give place and state _____10. Color or race Mexican 11. Age at last birthday 25 (Years)12. Birthplace (city or place) Guerrini (State or country) Sonora13. Occupation Labourer Nature of industry _____8. MOTHER Full name Polida Sanchez maiden name _____15. Residence (Usual place of abode) Winkelman Ariz If non-resident, give place and state _____16. Color or race Mexican 17. Age at last birthday 24 (Years)18. Birthplace (city or place) Tucson (State or country) Ariz19. 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 _____ (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 Born alive at 8:00 p.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 Charles B. Smith M.D. (Physician or midwife). Address Winkelman ArizGiven name added from a supplemental report _____ Filed Monday, 1925 A. J. Roberts Local Registrar.

Registrar _____ Filed _____, 19 _____ County Registrar.

326-214-929

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.
MARGIN