

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 128  
Registered No. 199

**1. PLACE OF BIRTH**

County Yuma State Arizona  
District or Township Claypool or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Teressa Moreno (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Aug-1-1925  
Month Day Year

8. FATHER  
Full name Paulino Moreno

14. MOTHER  
Full maiden name Raquel Carrillo

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

15. Residence (Usual place of abode) Claypool Ariz  
If non-resident, 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 27 (Years)

12. Birthplace (city or place) Casa Grande  
(State or country) Arizona

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

13. Occupation  
Nature of industry miner

19. Occupation  
Nature of industry House wife

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 4  
(b) Born alive but now dead 2  
(c) Stillborn 1

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 10:30 a.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 R. J. Detland  
Yuma Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Filed Aug 11, 1925 C. E. Irwin  
Registrar Registrar

346-801-934

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.