

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____

District of _____

Town of Moum

or _____

City of Mazuzi WizaBUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 135

County Registrar No. _____

Local Registrar No. 2942. Full name of child Angelina Sanchez3. Sex of Child FemaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? yes

7. Date

of birth Oct 2-75
Month Day Year

8. FATHER

Full name Rutilo Sanchez9. Residence (Usual place of abode) S. Magdalena

If non-resident, give place and state.

10. Color or race Mexican11. Age at last birthday 35 (Years)12. Birthplace (city or place) Santa Magdalena(State or country) Mexico

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Epulona Moran15. Residence (Usual place of abode) Mazuzi Wiza

If non-resident, give place and state.

16. Color or race Mexican17. Age at last birthday 75 (Years)18. Birthplace (city or place) Mescitadelm(State or country) Mexico

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 3(b) Born alive but now dead None

(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 Mazuzi Wiza on the date above stated
(Born alive or stillborn.)Signature Rita CortezAddress # 710 Sullivan St.Given name added from
a supplemental report.

Month, day, year

Filed Oct 12, 1925

Filed _____, 19____

Registrar _____

Local Registrar. P. E. Fern

County Registrar. _____

129-1002-142

AN ORIGINAL RECORD
must be made for each, and the number of birth stated.
N. B.—In case of a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.