

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

State File No. 148
Registered No. 470

1. PLACE OF BIRTH

County Yuma State _____
District or Township _____ or Village _____
City Yuma No. 402 5th Avenue Steel Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>Male</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>Jan 12 - 1926</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Tomato Santillano

14. MOTHER
Full maiden name Rafugio Rodriguez

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

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

10. Color or race Mexican
11. Age at last birthday 33 (Years)

16. Color or race Mexican
17. Age at last birthday 25 (Years)

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

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

13. Occupation Miner
Nature of Industry

19. 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 <u>5</u> (b) Born alive but now dead _____ (c) Stillborn <u>None</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 11:40 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 E. J. Fotal MD
Yuma Ariz
(Physician or midwife)

Given name added from _____ Address _____
a supplemental report _____
Month, day, year _____
Registrar _____ Filled Jan 31, 1926 Le E. Forin Registrar

036-112-999

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.