ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 196

County Registrar No.

Local Registrar No. 19

PLACE OF BIRTH

1. County of Gila

District of

Town of Hayden

or

City of ..... No. ..... St. ..... Ward

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

2. Full name of child Rosa Bernal — 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: Mar 30 1926 (Month day year)

8. FATHER	14. MOTHER
Full name: Andrew Bernal	Full maiden name: Carlotta Gonzalez
9. Residence (Usual place of abode): Hayden — If nonresident, give place and state	15. Residence (Usual place of abode): Hayden — If nonresident, give place and state
10. Color or race: Mex — 11. Age at last birthday 40 (Years)	16. Color or race: Mexican — 17. Age at last birthday 36 (Years)
12. Birthplace (city or place): Sonora — (State or country): Mexico	18. Birthplace (city or place): Tucson — (State or country): Arizona
13. Occupation: Laborer — Nature of industry	19. Occupation: House Wife — 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 4
(b) Born alive but now dead 2
(c) Stillborn 0

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 (Born alive or stillborn.) at 12 45 A m. 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 evidences of life after birth.

Signature: Charles B Huestis MD (Physician or midwife)

Address: Hayden Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed Mar 30, 1926 — W B Nish, Local Registrar.

Registrar.

Filed ..... 19.. — County Registrar.

923-330-379

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.

WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD