MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 147A

Registered No. 37

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward

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

2. Full name of child Ernestina Galindo (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 Apr 13 1926 (Month Day Year)

8. FATHER

Full name Isabel Galindo

9. Residence (Usual place of abode) Hayden

If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 51 (Years)

12. Birthplace (city or place) Coahila

(State or country) Mexico

13. Occupation Nature of industry Laborer

14. MOTHER

Full maiden name Carmen Acedo

15. Residence (Usual place of abode) Hayden

If non-resident, give place and state.

16. Color or race Mexican | 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Altar

(State or country) Sonora, Mexico

19. Occupation Nature of industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 6

(b) Born alive but now dead 1

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn.~~) at 2:00 P 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 evidence of life after birth.

Signature Carmen Acedo de Galindo

Mother (Physician or midwife).

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

Address Hayden Arizona

Filed May 22, 1929 W. B. Nash Registrar

Registrar

576-413-316