

N. 5.—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.

PLACE OF BIRTH\*

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
District of \_\_\_\_\_  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of Yuma

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 119  
County Registrar No. 609  
Local Registrar No. \_\_\_\_\_

2. Full name of child Guadalupe Rea  
No. 514 Louis Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
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? \_\_\_\_\_ }  
7. Date of birth May 5 1926  
Month day year

8. FATHER  
Full name Teodoro Rea  
9. Residence (Usual place of abode) Yuma, Ariz  
If nonresident, give place and state  
10. Color or race Mexican  
11. Age at last birthday 30 (Years)  
12. Birthplace (city or place) Mexico  
(State or country)  
13. Occupation Miner  
Nature of industry

14. MOTHER  
Full maiden name Eustacia Rubalcaba  
15. Residence (Usual place of abode) Yuma, Ariz  
If nonresident, give place and state  
16. Color or race Mexican  
17. Age at last birthday 29 (Years)  
18. Birthplace (city or place) Mexico  
(State or country)  
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 3  
(b) Born alive but now dead none  
(c) Stillborn none  
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 or stillborn.) at 11 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.  
Given name added from a supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_  
Signature \_\_\_\_\_ (Physician or midwife)  
Address Yuma, Ariz  
Filed May 26 1926 Local Registrar  
County Registrar

791-505-991