

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

State File No. 133  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Winkelman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2. Full name of child Eloisa de Vasquez Grisalva (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 \_\_\_\_\_ 6. Legitimate? Yes  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth May 9 1926  
 Month Day Year

8. FATHER  
 Full name Manuel Grisalva  
 9. Residence (Usual place of abode) Winkelman  
 If non-resident, give place and state.

14. MOTHER  
 Full maiden name Antonia Logui  
 15. Residence (Usual place of abode) Winkelman  
 If non-resident, give place and state.

10. Color or race Mexican  
 11. Age at last birthday 23 (Years)

16. Color or race Mexican  
 17. Age at last birthday 22 (Years)

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

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

13. Occupation labour  
 Nature of industry

19. Occupation Business  
 Nature of industry

20. Number of children of this mother. 1  
 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 1  
 (b) Born alive but now dead 0  
 (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 \_\_\_\_\_ at 4:30 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 Charles W. Hunt  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_

Month, day, year \_\_\_\_\_  
 Filled June 9th 1926 P. J. Hutton  
 Registrar Registrar

571-509-129

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.