

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of _____

or

City of Hayden

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 137County Registrar No. 78

Local Registrar No. _____

2. Full name of child Full born Benteno

(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 MTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? Yes7. Date
of birth 5-11-26
Month Day Year

5. No., in order of birth _____

8. Benedio Benteno

FATHER

Full name

14. Susana Ryan

MOTHER

Full maiden name

9. Residence Hayden

(Usual place of abode)

If non-resident, give place and state.

15. Residence Hayden

(Usual place of abode)

If non-resident, give place and state.

10. Color or race Mex11. Age at last birthday 30 (Years)16. Color or race Mex17. Age at last birthday 28 (Years)12. Birthplace (city or place) Mex

(State or country)

18. Birthplace (city or place) Mex

(State or country)

13. Occupation Labores

Nature of Industry

19. Occupation H. M.

Nature of Industry

20. Number of children of this mother 7(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 2(b) Born alive but now dead 1(c) Stillborn 421. Were precautions taken against oph-
thalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Full born at 12:30 m. on the date above stated

(Born alive or stillborn.)

Signature Dr. R. J. Anderson

(Physician or midwife)

Address Hayden, Ariz.* 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.Given name added from
a supplemental report _____

Month, day, year

Filed May 12, 1926N. B. Paul
Local Registrar.

Registrar _____

Filed _____, 19 _____

County Registrar _____

036-511-215