

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. 117
Registered No. 38

1. PLACE OF BIRTH

County Sila State _____
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 Rupaldo Romo { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male 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 July 6 1926
Month Day Year

8. FATHER
Full name Bernardo Romo

14. MOTHER
Full maiden name Cecilia Montenegro

9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 33 (Years)

16. Color or race Mexican
17. Age at last birthday 24 (Years)

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

18. Birthplace (city or place) Marshaw
(State or country) Arizona

13. Occupation Labour
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 3
(b) Born alive but now dead 0
(c) Stillborn _____

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 unborn) 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 H. Hester, M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Arizona
Month, day, year _____ Filed July 8, 1926 W. B. Muehl
Registrar Registrar

996-706-146