

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

State File No. 183  
 Registered No. 44

**1. PLACE OF BIRTH**

County Yuma 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**

Born Duarte  
{ 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**

No., in order of birth \_\_\_\_\_

**6. Legitimate?**

Yes

**7. Date**

of birth July 31 1926  
 Month Day Year

**8.**

**FATHER**

**Full name**

Arnaldo M. Duarte

**9. Residence**

(Usual place of abode) Decatur  
 If non-resident, give place and state. Dec 7-13-26

**10. Color or race**

Mexican

**11. Age at last birthday** 17 (Years)

**12. Birthplace (city or place)**

Flomence  
 (State or country) Arizona

**13. Occupation**

Machinist (Decatur)  
 Nature of Industry Smelter (Decatur)

**14.**

**MOTHER**

**Full maiden name**

Francisca Pezqueira

**15. Residence**

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

**16. Color or race**

Mexican

**17. Age at last birthday** 19 (Years)

**18. Birthplace (city or place)**

Hayden  
 (State or country) Arizona

**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 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 \_\_\_\_\_ (Born alive or stillborn) at 5:30 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 B. ... M.D.

(Physician or midwife).

**Given name added from a supplemental report.**

Month, day, year

**Address**

Hayden Arizona

**Filed**

Aug 5 1926

M. J. ...

Registrar

Registrar

445-731-671

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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.  
 AGAIN RESERVED FOR BINDING