

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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS

State Index No. 112

District of _____

Town of Hayden

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. _____

or

Local Registrar No. 57

City of _____ No. _____ St. _____ Ward) _____

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

2. Full name of child Josefina R. Gallardo 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? Yes 7. Date of birth 9/2/26 (Month, day, year)

8. FATHER Full name Santiago N. Gallardo

14. MOTHER Full maiden name Maria Rodriguez

9. Residence (Usual place of abode) Hayden If nonresident, give place and State

15. Residence (Usual place of abode) Hayden If nonresident, give place and State

10. Color or race Mex 11. Age at last birthday 36 (Years)

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

12. Birthplace (city or place) (State or country) Ariz.

18. Birthplace (city or place) (State or country) Mexico

13. Occupation Nature of Industry Laborer

19. Occupation Nature of Industry H. W.

20. Number of children of this mother (Taken as of time of birth of child here in certified and including this child.) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at _____, m. on the date above stated. (Born alive or stillborn)

*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 Stas R. Bouslow (Physician or midwife)

Address Hayden Ariz

Given name added from a supplemental report _____ (Month, day, year)

Filed Sept 10, 1926 MB Dick Local Registrar.

Filed _____ 19 _____

Registrar.

County Registrar.

176-902-499