

PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

1. County of Bila

District of Mianes

Town of \_\_\_\_\_

or

City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 148  
County Registrar No. 864  
Local Registrar No. \_\_\_\_\_

2. Full name of child Louis Aguirra  
(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. No 5. Legitimate? Yes 6. Date of birth Oct 8 1926  
Month day year

3. FATHER  
Full name Louis Aguirra

MOTHER  
Full maiden name María Mendez

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

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If non-resident, give place and date

16. Color or race Mexical 11. Age at last birthday 38 (Years)

15. Color or race Mexical 17. Age at last birthday 32 (Years)

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

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

13. Occupation Muir  
Nature of industry

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... 6  
(b) Born alive but now dead... 2  
(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 \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn.)

Signature Nelson D. Brayton (Physician or midwife)  
Address Miami Ave

Given name added from a supplemental report \_\_\_\_\_ Filed Oct 12 1926 \_\_\_\_\_  
Month, day, year. Local Registrar.

Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_

County Registrar.

311-1008-449

In order of birth stated.