

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

State File No. 140  
 Registered No. 66

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township Hayden or Village \_\_\_\_\_  
 City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amelia Loroña { 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. Legitimate? Yes 6. Date of birth Nov 10 1926  
 Month Day Year

8. FATHER  
 Full name Abram Loroña

14. MOTHER  
 Full maiden name Jennie Lopez

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 Mex 11. Age at last birthday 35 (Years)

16. Color or race Mex 17. Age at last birthday 30 (Years)

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

13. Birthplace (city or place) Mesa  
 (State or country) Ariz

13. Occupation Farm Hand  
 Nature of Industry

14. Occupation House wife  
 Nature of Industry

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 4  
 (b) Born alive but now dead 1  
 (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 \_\_\_\_\_ at 8:20 a.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 Charles H. Hurd  
Hayden Ariz  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address \_\_\_\_\_  
 Filed Nov 18<sup>th</sup> 1926 W. T. P. Pugh  
 Registrar

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.

131-1110-139