V

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 106
County Registrar No.
Local Registrar No. 83

PLACE OF BIRTH

1. County of Coconino
District of Williams
Town of Williams
or
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 Alvinio Figueroa — 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 12-16-1926 (Month Day Year)

FATHER

8. Full name Bardomiano Figueroa
9. Residence (Usual place of abode) Williams-Arizona
If nonresident, give place and state
10. Color or race Mexican
11. Age at last birthday 42 (Years)
12. Birthplace (city or place) Penjamo
(State or country) Guanajuato-Mexico
13. Occupation Laborer
Nature of industry Saginaw + Manistee Lumber Co

MOTHER

14. Full maiden name Aurelio Gonzalez
15. Residence (Usual place of abode) Williams-Arizona
If nonresident, give place and state
16. Color or race Mexican
17. Age at last birthday 40 (Years)
18. Birthplace (city or place) Penjamo
(State or country) Guanajuato-Mexico
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 10 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 3
(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 (Born alive ~~or stillborn~~) at 10:30 A.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 Mrs Sulu Foster (~~Physician or~~ midwife)
Address Williams-Arizona

Given name added from a supplemental report ..... Month, day, year.
..... Registrar.

Filed 12-20, 1926 — C D Jeffries, Local Registrar.
Filed ....., 19.... — ..... County Registrar.

161-1216-177

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.
WRITE PLAINLY WITH UNFADING INK.