

PLACE OF BIRTH

1. County of Green
 District of _____
 Town of Hayden, Ariz.
 or _____
 City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 194
 County Registrar No. _____
 Local Registrar No. 82

2. Full name of child No Name, Premature, 7 mos. baby No. _____ birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
 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 1 6. Legitimate? 7. Date of birth Dec. 29, 1926
 Month Day Year

8. FATHER
 Full name Pedro Landeros

14. MOTHER
 Full maiden name Maria Santosa

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

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

10. Color or race Mexican 11. Age at last birthday 35 (Years)

16. Color or race Mexican 17. Age at last birthday 21 (Years)

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

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

13. Occupation
 Nature of industry Laborer

19. Occupation
 Nature of industry Housewife

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 3
 (b) Born alive but now dead 4
 (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 1:00 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 Pedro Landeros - Father
 (Physician or midwife)

Address Hayden, Arizona

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

Filed Dec 30, 1926 W. D. D. D. D.
 Local Registrar.

Filed _____ 19____

Registrar.

County Registrar.

032-1227-421