

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

State File No. 97  
Registered No. \_\_\_\_\_

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

2. Full name of child Estella Bray (If child is not yet named, make supplemental report, as directed.)  
3. Sex of Child Female To be answered ONLY in event of plural birth }  
4. Twin, triplet or other \_\_\_\_\_ }  
5. No., in order of birth \_\_\_\_\_ }  
6. Legitimate? Yes  
7. Date of birth Jan 1 1928  
Month Day Year

8. FATHER  
Full name Frank Bray  
9. Residence (Usual place of abode) Bankluman  
If non-resident, give place and state.

13. MOTHER  
Full maiden name Victoria Valdez  
15. Residence (Usual place of abode) Bankluman  
If non-resident, give place and state.

10. Color or race Mex  
11. Age at last birthday 22 (Years)

16. Color or race Mex  
17. Age at last birthday 24 (Years)

12. Birthplace (city or place) San Pedro de Batur  
(State or country) son, Mex

18. Birthplace (city or place) Tucson  
(State or country) Ariz

13. Occupation Porter  
Nature of industry Man Smelter

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 \_\_\_\_\_  
(b) Born alive but now dead \_\_\_\_\_  
(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 \_\_\_\_\_ 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 Charles W. Hueston  
Rayden  
(Physician \_\_\_\_\_)

Given name added from supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Filed Jan 7, 1928 P. L. Hutton  
Registrar

5-28-101-559  
Registrar