

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

State File No. 178
 Registered No. 10

1. PLACE OF BIRTH

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

2. Full name of child Adelina Lujan (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 _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth Feb 21 1928
 Month Day Year

8. FATHER
 Full name Elejo Lujan
 9. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Carmen Montano
 15. Residence (Usual place of abode) Hayden
 If non-resident, give place and state.

10. Color or race Mexican
 11. Age at last birthday 24 (Years)

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

12. Birthplace (city or place) Magdalena
 (State or country) Ahmore

18. Birthplace (city or state) Togales
 (State or country) Arizona

13. Occupation Laborer
 Nature of industry Copper Mill

19. Occupation House Wife
 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.
 (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 R. Shute, M.D.

(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden, Arizona

Month, day, year _____

Filed Feb 24 1928 W.D. Pugh
 Registrar.

Registrar.

at a birth, a SEPARATE RETURN must be made for each, and the number of birth stated.

135-721-211