

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Selma

District of _____

Town of Hayden

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 Yrean Cruz { 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. No., in order of birth. 6. Legitimate? yes 7. Date of birth May 17 1928
Month Day Year8. FATHER Full name José Cruz 14. MOTHER Full maiden name Estefana Arrellanos9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If non-resident, give place and state. If non-resident, give place and state.10. Color or race Mexican 11. Age at last birthday 29 (Years) 16. Color or race Mexican 17. Age at last birthday 27 (Years)12. Birthplace (city or place) San Francisco del Rincon
(State or country) Mexico, Puebla 18. Birthplace (city or place) San Francisco del Rincon
(State or country) Mexico, Puebla13. Occupation Labour Nature of industry Copper Smelter 19. Occupation Housewife Nature of industry20. 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 0 (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 _____ (Born alive or stillborn.) at 5:00 P.M. 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 Eufemia Romero (Physician or midwife)Address Hayden, ArizonaGiven name added from a supplemental report _____ Filed May 17 1928 W. D. Deal Local Registrar.
Month, day, year

Registrar _____

Filed _____, 19____

County Registrar.

839-312-512