

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

District of

Town of

or

City of Hayden

BUREAU OF VITAL STATISTICS

State Index No. 162

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No.

Local Registrar No. 252. Full name of child Elena MallicaNo. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other.....

6. Legitimate?

7. Date

of birth

Month

Day

Year

8.

FATHER

Full name

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday

(Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of industry

14.

MOTHER

Full maiden name

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color or race

17. Age at last birthday

(Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

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 8(b) Born alive but now dead 0(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum?no

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at 4:20 p.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

Address

Given name added from
a supplemental report.

Month, day, year

Filed Apr 30, 1928

Filed, 19

Registrar

Local Registrar.

County Registrar.

541-324-196