

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 115
Registered No. 26

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

2. Full name of child Dora Santa Maria
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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? } 7. Date of birth April 4 1928
Month Day Year

8. FATHER
Full name Albino Hurry

14. MOTHER
Full maiden name Lupe Santa Maria

9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.

10. Color or race Mexican

16. Color or race Mexican

11. Age at last birthday 27 (Years)

17. Age at last birthday 26 (Years)

12. Birthplace (city or place) La Colorado
(State or country) for Mex

18. Birthplace (city or place) Mazatlana
(State or country) Sonora Mex

13. Occupation Labourer
Nature of industry

19. Occupation House Wife
Nature of industry

20. Number of children of this mother. } (a) Born alive and now living 3
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child). } (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 _____ at 8:30 p m. on the date above stated,
(Born alive or stillborn)

Signature Charles Hurry M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Arizona

Month, day, year _____ Filed Apr 7 1928 Registrar W. D. Dush

Registrar.

Registrar.

121-404-321