

Affidavit & Supplement attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. *139*

Registered No. *29*

1. PLACE OF BIRTH

County *Yuma* 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 *Maria Gracia Delgado* (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 *April 16 1928*
Month Day Year

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

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

10. Color or race *Mex*
11. Age at last birthday *35* (Years)

16. Color or race *Mex*
17. Age at last birthday *32* (Years)

12. Birthplace (city or place) *Baja California Mex*
(State or country)

18. Birthplace (city or place) *Santa Cruz*
(State or country)

13. Occupation *laborer*
Nature of industry

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 *3*
(b) Born alive but now dead *1*
(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 *3:30* 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 H. Heston*

Given name added from _____ Address *Hayden Ariz*

Month, day, year _____

Filed *Apr 21*, 19*28* Registrar *W. J. D. [Signature]*

446-446-881