

- case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 171  
331  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

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

2. Full name of child Jose E. Aband { If child is not yet named, make supplemental report, as directed.

3. Sex of Child M 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 7 22 28  
Month Day Year

8. FATHER  
Full name H. E. Aband

14. MOTHER  
Full maiden name Ysabel Moreno

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

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

10. Color or race mex  
11. Age at last birthday 34 (Years)

16. Color or race mex  
17. Age at last birthday 35 (Years)

12. Birthplace (city or place) \_\_\_\_\_  
(State or country) mex

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

13. Occupation merchant  
Nature of industry \_\_\_\_\_

19. Occupation H. W.  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 4  
(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 alive at 12 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 O. F. Perkins  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar July 27, 19 28 O. E. Dine Registrar

114-722-846