

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH

PLACE OF BIRTH  
 1. County of Gila  
 District of \_\_\_\_\_  
 Town of \_\_\_\_\_  
 or Rayburn  
 City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution give its NAME instead of street and number)

State Index No. 1219  
 County Registrar No. \_\_\_\_\_  
 Local Registrar No. 64

2. Full name of child Arturo Borquez Jr } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male } 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 Oct 4 1928  
 Month day year

8. FATHER  
 Full name Arturo Borquez  
 9. Residence (Usual place of abode) Rayburn  
 If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
 Full maiden name Lilicia Ortega  
 15. Residence (Usual place of abode) Rayburn  
 If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican  
 11. Age at last birthday 25 (Years)

16. Color or race Mexican  
 17. Age at last birthday 21 (Years)

12. Birthplace (city or place) Alamo  
 (State or country) San Mex  
 13. Occupation Concentrate Boss  
 Nature of industry Copper Mill

18. Birthplace (city or place) Bunkelman  
 (State or country) Ariz  
 19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (c) Stillborn \_\_\_\_\_  
 (Taken as of time of birth of child herein certified and including this child.)

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 10:15 am. on the date above stated.

(Born alive or stillborn.)  
 Signature Charles H. Hester MD  
 (Physician or midwife)  
 Address Hayden, Ariz

Given name added from \_\_\_\_\_  
 a supplemental report \_\_\_\_\_  
 Month, day, year. Filed Oct 6, 1928 \_\_\_\_\_  
 Registrar. \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
 Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar. \_\_\_\_\_

129-1004-168

N. B.—In 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.