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.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila
District of
Town of
or
City of Hayden No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

State Index No. 148
County Registrar No.
Local Registrar No. 69

2. Full name of child Laurenzio Verdugo — 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 11 1928 (Month day year)

8. FATHER	14. MOTHER
Full name: Baltazar Verdugo	Full maiden name: Angela Acuña
9. Residence (Usual place of abode): Hayden	15. Residence (Usual place of abode): Hayden
If nonresident, give place and state	If nonresident, give place and state
10. Color or race: Mex	16. Color or race: Mex
11. Age at last birthday 29 (Years)	17. Age at last birthday 25 (Years)
12. Birthplace (city or place): San Miguel	18. Birthplace (city or place): Rion
(State or country): Son Mex	(State or country): Son Mex
13. Occupation: Labour	19. Occupation: House Wife
Nature of industry	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 5
(b) Born alive but now dead 0
(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 (Born alive or ~~stillborn~~.) at 2 45 p 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 evidences of life after birth.

Signature: Charles B. Huestis MD (Physician ~~or midwife~~)

Address: Hayden Arizona

Given name added from a supplemental report ..... Month, day, year.

Filed Oct 13, 1928 — Local Registrar.

Registrar. Filed ....., 19.... County Registrar.

356-1011-111