

number of each,

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be filed in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 190

District of \_\_\_\_\_

Town of \_\_\_\_\_

County Registrar No. \_\_\_\_\_

or \_\_\_\_\_

Local Registrar No. 72

City of 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 Antonina Croppa } 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 1

6. Legitimate? Yes  
7. Date of birth Oct 25 1928  
Month day year

8. FATHER  
Full name Francisco Croppa  
9. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_

14. MOTHER  
Full maiden name Delphina Enriquez  
15. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_

10. Color or race Mexican  
11. Age at last birthday 43 (Years)  
12. Birthplace (city or place) Yahauheca  
(State or country) Yucatan Mex  
13. Occupation laborer  
Nature of industry \_\_\_\_\_

16. Color or race Mexican  
17. Age at last birthday 24 (Years)  
18. Birthplace (city or place) Chihuahua  
(State or country) Mexico  
19. Occupation housewife  
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 7  
(b) Born alive but now dead 1  
(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 4 A. 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 evidences of life after birth.  
Given name added from \_\_\_\_\_

Signature Charles P. Hushart  
(Physician or midwife)

Address 1 Hayden Avenue  
Filed Oct 27 1928 Local Registrar.

Month, day, year.

Registrar.

Filed \_\_\_\_\_ 19 \_\_\_\_\_

County Registrar.

101-1025-459