

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 132

Registered No. 210

1. PLACE OF BIRTH

County Hila State Arizona

District or Township Hlobe or Village \_\_\_\_\_

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

2. Full name of child Carlos Guerrero { 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. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov-4-1928  
Month Day Year

8. FATHER Full name Ventura Guerrero

14. MOTHER Full maiden name Enriqueta Garcia

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

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

10. Color or race Mexican 11. Age at last birthday 30 (Years)

16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Mt. Cay, Arizona  
(State or country)

18. Birthplace (city or place) Ronard, Mexico  
(State or country)

13. Occupation Nature of industry miner

19. Occupation Nature of industry Housewife

20. Number of children of this mother four  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living four  
(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 at 4:00 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 evidence of life after birth.

Signature S. E. Wightman, M.D.  
Physician  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Hlobe, Ariz.

Month, day, year \_\_\_\_\_ Filed 12/10, 1928 S. E. Wightman, M.D. Registrar

376-1104-571