

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

State File No. 189
 Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Cecilia Conchas { 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 _____ 6. Legitimate? Yes 7. Date of birth Nov 22 1928
 Month Day Year

8. FATHER
 Full name Manuel Conchas
 9. Residence (Usual place of abode) Christmas
 If non-resident, give place and state.

14. MOTHER
 Full maiden name Isabella Encinas
 15. Residence (Usual place of abode) Christmas
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 32 (Years)

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

12. Birthplace (city or place) Toluca
 (State or country) Mexico

18. Birthplace (city or place) Toluca
 (State or country) Mexico

13. Occupation Miner
 Nature of industry _____

19. Occupation House wife
 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 1
 (b) Born alive but now dead _____
 (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 _____ at 1:30 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 Charles B. Hutton

Given name added from _____ Address Hayden ariz
a supplemental report Month, day, year _____ (Physician or midwife)

Registrar _____ Filed Dec 6, 1928 P. G. Hutton Registrar

332-1122-152

THIS IS THE ONLY FORM OF THIS KIND IN USE IN ARIZONA AND MUST BE USED IN ALL COUNTIES.