

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

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

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

or \_\_\_\_\_

City of HaydenBUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 110

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

Local Registrar No. 84

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child 5 mos. Still born Mazon } If child is not yet named, make supplemental report, as directed.3. Sex of Child M. To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 12 5 28  
Month day year8. FATHER  
Full name Joaquin Mazon  
9. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_14. MOTHER  
Full maiden name Vicente Bustamante  
Bustamante  
15. Residence (Usual place of abode) Hayden  
If nonresident, give place and state \_\_\_\_\_10. Color or race Mex.  
11. Age at last birthday 37 (Years)16. Color or race Mex  
17. Age at last birthday 32 (Years)12. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mex.18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mex.13. Occupation Laborer  
Nature of industry \_\_\_\_\_19. Occupation H. M.  
Nature of industry \_\_\_\_\_20. Number of children of this mother { (a) Born alive and now living 3  
(b) Born alive but now dead 3  
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was still born at 3:30 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.  
Signature Dr. R. Mislow (Physician or midwife)  
Address Hayden, Ariz.Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
Month, day, year. Filed Dec 8 1928 W. D. Jack Local Registrar.

Registrar. \_\_\_\_\_

Filed \_\_\_\_\_ 19 \_\_\_\_\_ County Registrar.

045-1205-525