

PLACE OF BIRTH

1. County of Yuma

ARIZONA STATE BOARD OF HEALTH

District of _____

BUREAU OF VITAL STATISTICS

State Index No. 110

Town of _____

ORIGINAL CERTIFICATE OF BIRTH

County Registrar No. _____

or _____

Local Registrar No. 84City 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 5 mos. Still born Mason } 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 Mason 14. MOTHER Full maiden name Vicente Bustamante
Bustamante9. Residence (Usual place of abode) Hayden 15. Residence (Usual place of abode) Hayden
If nonresident, give place and state If nonresident, give place and state10. 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) Mex. 18. Birthplace (city or place) Mex.
(State or country) (State or country)13. Occupation Laborer 19. Occupation H. W.
Nature of industry Nature of industry20. 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 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 stillborn 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. W. ... (Physician or midwife)
Address Hayden, Ariz.Given name added from a supplemental report _____ Filed Dec 8, 1928 W. D. ... Local Registrar.

Month, day, year. _____ Filed _____, 19____ County Registrar.

Registrar.

County Registrar.

045-12-05-525