

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

State File No. 148  
Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Winkelman St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child \_\_\_\_\_ (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. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Dec 16 1928  
Month Day Year

8. FATHER  
Full name Frank Bray  
9. Residence (Usual place of abode) Winkelman  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Victoria Taldy  
15. Residence (Usual place of abode) Winkelman  
If non-resident, give place and state.

10. Color or race Mex  
11. Age at last birthday 24 (Years)

16. Color or race Mex  
17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Tonona Mex  
(State or country)

18. Birthplace (city or place) Tucson  
(State or country) Arizona

13. Occupation Labour  
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 2  
(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 \_\_\_\_\_ (Born alive or stillborn) at 5:30 p m. of the date above stated.

\* 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 H. Heston

Given name added from a supplemental report \_\_\_\_\_ Address Hayden ariz (Physician or midwife)

Month, day, year \_\_\_\_\_ Filed Jan 4, 1929 P. H. Hutton Registrar

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