

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

State File No. 168
Registered No. 29

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1520 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Helipe Diaz { 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
5. No., in order of birth _____ 7. Date of birth XII - 23 - 1928
Month Day Year

8. FATHER
Full name Rafael Diaz

14. MOTHER
Full maiden name Maria Santos

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

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

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

16. Color or race White
17. Age at last birthday 18 (Years)

12. Birthplace (city or place) S. Juan de los Lagos Jalisco Mex
(State or country)

18. Birthplace (city or place) S. Juan de los Lagos Jalisco - Mex.
(State or country)

13. Occupation Journeyman
Nature of industry

19. Occupation house wife
Nature of industry

20. Number of children of this mother one (Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living one
(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 8 p. m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Aldana M.D.
(Physician or midwife)

Given name added from _____ Address Box 1666 Miami Ariz

Month, day, year _____ Filled Jan 28 29 19 _____
Registrar. Registrar.

649-1223-422