

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made each, and the number of each in order of birth stated.

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

State File No. 175
Registered No. 8

1. PLACE OF BIRTH
County Hila State Arizona
District or Township Heove or Village _____
City Heove No. Banker St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Segurania
(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 Jan. 25. 1929.
Month Day Year

8. FATHER
Full name Pedro Segurania

14. MOTHER
Full maiden name Petra Chavez

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

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

10. Color or race Mexican
11. Age at last birthday 27 (Years)

16. Color or race Mexican
17. Age at last birthday 29 (Years)

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

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

13. Occupation
Nature of industry Laborer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother three
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living four
(b) Born alive but now dead one
(c) Stillborn none

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 6:30 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 G. E. Waghman M.D.
Globe Ariz
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
421-125-739
Registrar

Address _____
Filed 2/10 1929 G. E. Waghman M.D.
Registrar