

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

State File No. 151

Local Registrar's No. 12

1. PLACE OF BIRTH

County Gila State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____

2. Full name of child Angelina Vasquez (If birth occurred in a hospital or institution, give its NAME instead of street and number. 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. Legitimate? Yes 7. Date of birth Feb 13 1929 Month Day Year

FATHER

8. Full name Andres Vasquez

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

10. Color or race Mexican

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) (State or country) Juanajuato, Mex

13. Occupation Labour Nature of industry

MOTHER

14. Full maiden name Maria Martinez

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

16. Color or race Mex

17. Age at last birthday 24 (Years)

18. Birthplace (city or place) (State or country) Salisco, Mex.

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 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 or stillborn) at 4:30 p. m. on 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. Hurd

Given name added from a supplemental report _____ Address Hayden, Arizona (Physician or midwife).

Month, day, year _____ Filed Feb 16 1929 WTB [Signature] Registrar

Registrar

159-213 449

order of birth state.