

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

State File No. 141
 Registered No. 42

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Heose or Village _____
 City Heose No. 156 Ruiz Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Cosemeru Elidia Cortes (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 Mar. 4, 1929
 Month Day Year

FATHER
 6. Full name Steven Cortes
 9. Residence (Usual place of abode) Heose Ariz.
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 45 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Laborer
 Nature of industry

MOTHER
 14. Full maiden name Elidia Flores
 15. Residence (Usual place of abode) Heose, Ariz.
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 34 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation House wife
 Nature of industry

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 8
 (b) Born alive but now dead 0
 (c) Stillborn 0
 21. Were precautions taken against ophthalmia neonatorum? yes

I hereby certify that I attended the birth of this child, who was born alive at 9:00 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 evidence of life after birth.

Signature G. E. Waghorn
(Physician or midwife.)

Address Heose Ariz.

Filed 4/8 1929 G. E. Waghorn Registrar

369-304-569