

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

State File No. 159
 Local Registrar's No. 21

1. PLACE OF BIRTH
 County Sala State _____
 District or Township _____ or Village _____
 City Sayulon No. _____ St. _____ Ward _____

2. Full name of child Juana Cruz
 (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. No. in order of birth _____ 6. Legitimate? Yes 7. Date of birth Mar 8 1929
 Month Day Year

8. FATHER
 Full name Rafael Cruz
 9. Residence (Usual place of abode) Sayulon
 If non-resident, give place and state _____

14. MOTHER
 Full maiden name Vidal Ruiz
 15. Residence (Usual place of abode) Sayulon
 If non-resident, give place and state _____

10. Color or race Mexican
 11. Age at last birthday 36 (Years)

16. Color or race Mexican
 17. Age at last birthday 35 (Years)

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

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

13. Occupation Laborer
 Nature of industry Copper smelter

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 4
 (b) Born alive but now dead 1
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 1:25 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. ...
 (Physician or midwife)

Given name added from a supplemental report _____ Address Sayulon, Arizona
 Month, day, year _____

Registrar _____ Filed Mar 9 1929 Registrar _____

139-308-599

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