

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 201

Local Registrar's No. 27

1. PLACE OF BIRTH

County Silver

State

District or Township

or Village

City Hayden

No. _____ St. _____ Ward _____
(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.

2. Full name of child Manuel Moreno Jr

3. Sex of Child Male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

6. Legitimate? Yes

7. Date of birth

Mar 26 19 29
Month Day Year

5. No., in order of birth

8. FATHER

Full name Manuel Moreno

9. Residence

(Usual place of abode) Hayden

If non-resident, give place and state.

10. Color or race Mex

11. Age at last birthday 27 (Years)

12. Birthplace (city or place)

(State or country) Tucson Ariz

13. Occupation Laborer

Nature of industry

14. MOTHER

Full maiden name Guadalupe Mora

15. Residence

(Usual place of abode) Hayden

If non-resident, give place and state.

16. Color or race Mex

17. Age at last birthday 19 (Years)

18. Birthplace (city or place)

(State or country) Encarnacion de Dias

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) born alive

at 9:30 m. on the date above stated.

Signature Charles Sturtevant

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address Hayden, Arizona

Filed Mar 30 19 29

Registrar

Registrar

446-326-141