

MAKING PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—If case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in
 or for of birth stated.

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

State File No. 112
 Registered No. 557

1. PLACE OF BIRTH

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

2. Full name of child Albert Gomez Vidano { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>m.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>april 3, 1929</u> Month Day Year
5. No., in order of birth <u>2</u>				

8. FATHER
 Full name Bert Vidano

14. MOTHER
 Full maiden name Ernesta Bertino

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

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

10. Color or race w.
 11. Age at last birthday 38 (Years)

16. Color or race w.
 17. Age at last birthday 37 (Years)

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

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

13. Occupation Merchant
 Nature of industry

19. Occupation Housewife
 Nature of industry

20. Number of children of this mother. <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
	(b) Born alive but now dead _____	
	(c) Stillborn _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 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 R. W. Kennedy

 (Physician or midwife).

Given name added from _____ Address _____
 a supplemental report. _____
 Month, day, year _____
 Registrar _____

Filed 5/7/29 1929 H. E. Wightman
 Registrar

136-403-526