

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

State File No. 130

Local Registrar's No. 28

PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Hayden

St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Olga Balobnyer

(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

6. Legitimate? Yes

7. Date of birth April 9, 1929  
 Month Day Year

5. No. in order of birth

8. FATHER  
 Full name Carlos Balobnyer

14. MOTHER  
 Full maiden name Marica Estrada

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

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

10. Color or race Mex.  
 11. Age at last birthday 37 (Years)

16. Color or race Mex.  
 17. Age at last birthday 23 (Years)

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

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

13. Occupation Labourer  
 Nature of industry

19. Occupation Housewife  
 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 3  
 (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 \_\_\_\_\_ 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 A. Smith, M.D.

(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year

Address Hayden, Arizona

Filed Apr 13 1929

Registrar 426-409-451

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.  
 MATERIAL RESERVED FOR BINDING