

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

State File No. 142  
 Local Registrar's No. 29

**1. PLACE OF BIRTH**

County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Felipe Guerrero  
(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 Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. Legitimate? Yes  
 7. Date of birth Apr 11 1927  
 Month Day Year

8. FATHER  
 Full name Luis Guerrero

14. MOTHER  
 Full maiden name Marbete Lopez

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

16. Color or race Mex

11. Age at last birthday 28 (Years)

17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Union San Antonio Jalisco Mex  
 (State or country)

13. Birthplace (city or place) Union San Antonio Jalisco Mex  
 (State or country)

13. Occupation Labourer  
 Nature of industry

14. 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. 1  
 (b) Born alive but now dead. 1  
 (c) Stillborn. \_\_\_\_\_

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 \_\_\_\_\_ 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 Charlotte Smith  
 \_\_\_\_\_  
 (Physician or midwife)

Given name added from a supplemental report. \_\_\_\_\_  
 Address Hayden Arizona  
 Month, day, year \_\_\_\_\_

Registrar \_\_\_\_\_  
 Filed April 13 1929  
W. J. [Signature]  
 Registrar

676-411-539

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 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 in order of birth stated.  
 REGULARLY KEPT FOR BINDING