

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

State File No. 144  
 Registered No. 163

**1. PLACE OF BIRTH**

County Pima State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Mesa No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Reyes  
If child is not yet named, make supplemental report, as directed.

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 April 11 1929  
 Month Day Year

**8. FATHER**  
 Full name Isadora Reyes  
 9. Residence (Usual place of abode) Mesa  
 If non-resident, give place and state.

**14. MOTHER**  
 Full maiden name Jesus Valenzuela  
 15. Residence (Usual place of abode) Mesa  
 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 30 (Years)

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

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

13. Occupation laborer  
 Nature of industry

10. Occupation housewife  
 Nature of industry

20. Number of children of this mother 5  
 (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 3  
 (c) Stillborn \_\_\_\_\_

21. Were precautions taken against ophthalmia neonatorum? No

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn) at 11:30 AM 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 Reson B. Brown  
Mesa  
 (Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filed Apr 20 29 19 1929 Registrar L. E. Brown

Registrar

Registrar

092-411-151

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—See 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.