

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

State File No. 151
Registered No. 73

1. PLACE OF BIRTH

County Yuma State Arizona
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)

2. Full name of child Carmelita B. Romero
(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
5. No., in order of birth _____ 7. Date of birth April 14, 1929
Month Day Year

8. FATHER
Full name Martin Romero
9. Residence (Usual place of abode) Hayden
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 44 (Years)
12. Birthplace (city or place) Southern Mexico
(State or country)
13. Occupation Laborer
Nature of Industry

14. MOTHER
Full maiden name Beatrice Padilla
15. Residence (Usual place of abode) Hayden
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 29 (Years)
18. Birthplace (city or place) Southern Mexico
(State or country)
19. Occupation House wife
Nature of Industry

20. Number of children of this mother _____ } (a) Born alive and now living 5
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) } (c) Stillborn 0
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 _____ at 11:30 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 Martin B. Romero
_____ (Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Arizona
Month, day, year _____
Filed April 16, 1929 Registrar W. D. Duck

396-414-221

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.