

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

State File No. 163  
 Local Registrar's No. 41

1. PLACE OF BIRTH  
 County Gila State \_\_\_\_\_  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Emriqueta Munoz  
(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 Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? Yes  
 7. Date of birth May 13 1927  
 Month Day Year

8. FATHER  
 Full name Felix Munoz  
 9. Residence Hayden  
(Usual place of abode. If non-resident, give place and state.)

14. MOTHER  
 Full maiden name Graciela Evora  
 15. Residence Hayden  
(Usual place of abode. If non-resident, give place and state.)

10. Color or race Mex  
 11. Age at last birthday 34 (Years)

16. Color or race Mex  
 17. Age at last birthday 21 (Years)

12. Birthplace Juarez, Coahuila, Mexico  
(City or place. State or country.)

18. Birthplace San Miguel Jalisco  
(City or place. State or country.)

13. Occupation Laborer  
 Nature of industry Copper smelter

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 \_\_\_\_\_  
 (b) Born alive but now dead \_\_\_\_\_  
 (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.) \_\_\_\_\_ a.m. on the date above stated.

Signature Charles H. ...  
\*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.

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Ariz  
(Physician or midwife.)

Month, day, year \_\_\_\_\_ Registrar \_\_\_\_\_  
 Filed May 15 19 25 \_\_\_\_\_  
 Registrar

549-513-851

MARGIN RESERVED FOR BINDING  
 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.