

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.

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

State File No. 156
 Registered No. 48

1. PLACE OF BIRTH
 County Yila State _____
 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 Luis Aranda

3. Sex of Child Male **To be answered ONLY in event of plural births.** **4. Twin, triplet or other** _____ **6. Legitimate?** Yes
7. Date of birth June 21 1929
 Month Day Year

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

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

10. Color or race Mex
11. Age at last birthday 36 (Years)

16. Color or race Mex
17. Age at last birthday 26 (Years)

12. Birthplace (city or place) Salomonville
(State or country) Ariz

18. Birthplace (city or place) Salisco St.
(State or country) Mex

13. Occupation laborer
 Nature of industry

19. 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 6
(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 _____ at 10:29 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 Charles B. Sturtevant
(Physician or midwife)

Given name added from a supplemental report _____ Address Hayden Ariz
 Month, day, year

Registrar _____ Filed June 22, 1929 W. J. D. Smith Registrar

311-621-429