

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

State File No. 150

Local Registrar's No. 54

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____

2. Full name of child Manuel Cruz

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 July 11 1929
 Month Day Year

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

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

10. Color or race Mex 11. Age at last birthday 25 (Years)

16. Color or race Mex 17. Age at last birthday 14 (Years)

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

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 (State or country) Mexico

13. Occupation Nature of Industry Laborn
Copp smelter

19. Occupation Nature of Industry House wife

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 _____
 (c) Stillborn _____

21. Were precautions taken against the child's neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive _____) _____ m. 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 Charles A. Stewart

Given name added from a supplemental report _____

Address Hayden, Arizona

Month, day, year _____
 Registrar _____

Filed July 13 1929 N. D. Paul Registrar