

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

State File No. 58  
Local Registrar's No. 58

CH

*Yila*

State

or Village

City

*Cyprus*

No.

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.

Full name of child

*Jose Sanchez Jr*

5. 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  
Month Day Year  
*July 21 1929*

5. No., in order of birth

8

FATHER

Full name

*Jose Sanchez*

9. Residence

(Usual place of abode)

*Hayden*

If non-resident, give place and state.

10. Color or race

*Mex*

11. Age at last birthday

*24* (Years)

*Mex*

17. Age at last birthday

*19* (Years)

12. Birthplace (city or place)

*Pattito*

(State or country)

*San Mex*

18. Birthplace (city or place)

*Mogales*

(State or country)

*San Mex*

13. Occupation

*Lab.*

Nature of industry

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 syphilis 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)

\*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 W. Church, M.D.*

(Physician or midwife)

Address

*Hayden, Arizona*

Given name added from a supplemental report

Month, day, year

Filed

*July 27, 1929*

*M. B. D. M.*

Registrar

Registrar