

PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

County of Yuma

City of \_\_\_\_\_

State of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. \_\_\_\_\_

County Registrar No. 2Local Registrar No. 62

Name of child Hayden Cruz Lydia Rodriguez No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 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.

Sex of Child male 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 July 30 - 1929  
 Month July day 30 year 1929

FATHER  
 Name Alfonso P. Rodriguez  
 Residence (Usual place of abode) Hayden Ariz  
 If nonresident, give place and state \_\_\_\_\_

MOTHER  
 Full maiden name Frances Howard  
 15. Residence (Usual place of abode) Hayden  
 If nonresident, give place and state \_\_\_\_\_

Color or race Hispanic Mexican  
 11. Age at last birthday 25 (Years)  
 Birthplace (city or place) Tropic Ariz  
 (State or country) \_\_\_\_\_

16. Color or race American  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Tropic Ariz  
 (State or country) \_\_\_\_\_

Occupation Farmer  
 Nature of industry \_\_\_\_\_  
 Number of children of this mother (a) Born alive and now living 3  
 (b) Born alive but now dead 0  
 (c) Stillborn 0

19. Occupation \_\_\_\_\_  
 Nature of industry Home in farm  
 21. Were precautions taken against ophthalmia neonatorum? Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn.) at 4:00 P.M. on the date above stated.

Signature St. J. P. Imwinkel (Physician or midwife)

Address Hayden Ariz

Filed July 31, 1929 Local Registrar.

Month, day, year. \_\_\_\_\_  
 Registrar. \_\_\_\_\_ County Registrar.

377-730-6862