

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.

CERTIFICATE AMENDED  
SEE NOTATION

City of birth entered from  
Bapt. Cert., 11-27-29 (7-11-22el) 200

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

State File No. \_\_\_\_\_  
Registered No. 414

1. PLACE OF BIRTH

County Yuma State \_\_\_\_\_  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Mission No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Merjildo Diaz (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. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth 8/19/29  
Month Day Year

8. FATHER  
Full name Merjildo Diaz

14. MOTHER  
Full maiden name Horencia Sanchez

9. Residence (Usual place of abode)  
If non-resident, give place and state. Mission

15. Residence (Usual place of abode)  
If non-resident, give place and state. Mission

10. Color or race Mexican 11. Age at last birthday 30 (Years)

16. Color or race Mexican 17. Age at last birthday 33 (Years)

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

18. Birthplace (city or place)  
(State or country) Mexico

13. Occupation  
Nature of industry Laborer

19. Occupation  
Nature of industry W. W.

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 \_\_\_\_\_ at \_\_\_\_\_ 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 [Signature]  
(Physician or Midwife)

Given name added from a supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Filed Sept 11, 1929 \_\_\_\_\_  
Registrar \_\_\_\_\_ Registrar \_\_\_\_\_

449-819-829