

IN ORDER OF BIRTH STATED.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

2271

1. County of Gila

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

District of _____

County Registrar No. _____

Town of _____

Local Registrar No. 71

or _____

City of 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 Alexandro Moreno

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

M.

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. Legitimate? yes

7. Date of birth

8-27-29
Month day year

5. No., in order of birth _____

3. FATHER
Full name Manuel G. Moreno

14. MOTHER
Full maiden name Adehina Tapia

9. Residence (Usual place of abode) Hayden
If nonresident, give place and state

15. Residence (Usual place of abode) Hayden
If nonresident, give place and state

10. Color or race Mex.

11. Age at last birthday 37 (Years)

16. Color or race Mex.

17. Age at last birthday 26 (Years)

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

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

13. Occupation Laborer
Nature of industry

19. Occupation H. W.
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 3
(b) Born alive but now dead 1
(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 Born alive at 11:30 A. 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 evidences of life after birth.

Signature G. P. Hinalow
(Physician or midwife)

Address Hayden, Ariz.

Given name added from a supplemental report _____
Month, day, year.

Filed Aug 31, 1929 M. B. Jase
Local Registrar.

Registrar.

Filed _____, 19____
County Registrar.

146-827-131