

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

State File No. 132
 Registered No. 77

1. PLACE OF BIRTH

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

2. Full name of child Eduardo Enriquez
(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.

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 Oct 13 1929
 Month Day Year

8. FATHER
 Full name Jesus Enriquez
 8. Residence (Usual place of abode) Raydon
If non-resident, give place and state.

14. MOTHER
 Full maiden name Jourina Pachilla
 15. Residence (Usual place of abode) Raydon
If non-resident, give place and state.

10. Color or race Mex
 11. Age at last birthday 29 (Years)

16. Color or race Mex
 17. Age at last birthday 19 (Years)

12. Birthplace (city or town) San Juan de los Rios
(State or country) Yucatan Mex.

18. Birthplace (city or town) Union de San Antonio
(State or country) Salisco Mex.

13. Occupation Labourer
 Nature of industry _____

19. Occupation House Wife
 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 1
 (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 _____ (Born alive or stillborn) at _____ 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 Charteris Sturtevant
(Physician or midwife)

Given name added from a supplemental report _____
 Month, day, year _____
 Address Raydon Arizona
 Registrar M. D. Paul
 Filed Oct 16 1929
 Registrar

559-1013-371