

1592

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. _____

District of _____

County Registrar No. _____

Town of _____

Local Registrar No. 96

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 "Still born" Lapizco

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

3. Sex of Child

To be answered ONLY in event of plural births.

4. Twin, triplet or other

Legitimate?

7. Date of birth

12-20-29
Month day year

M.

5. No., in order of birth

1

8. Salvador FATHER Lapizco
Full name

14. Francisco MOTHER Castro
Full maiden name

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

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

10. Color or race

M.

11. Age at last birthday 26 (Years)

16. Color or race

Mex.

17. Age at last birthday 19 (Years)

12. Birthplace (city or place)

(State or country)

Mex.

18. Birthplace (city or place)

(State or country)

Mogales, Mex.

13. Occupation

Nature of industry

Laborer

19. Occupation

Nature of industry

T-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 0
(b) Born alive but now dead 0
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum?

No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was still born at 5A 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 evidences of life after birth.

Signature

Fitz R. Winslow
(Physician or midwife)

Address

Hayden, Ariz.

Given name added from a supplemental report

Month, day, year.

Filed Dec 21, 1929

Local Registrar.

Filed _____

County Registrar.

Registrar.

336-1220-636