

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

State File No. 43
Registered No. 231

PLACE OF BIRTH

City Cochise State Arizona
District or Township Bisbee or Village _____
City Bisbee No. Copper Queen Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Guerra { 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. Legitimate? yes 7. Date of birth June 15, 1929
Month Day Year

8. FATHER
Full name Encarnacion Guerra

14. MOTHER
Full maiden name Blasa Araujo

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

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 41 (Years)

16. Color or race Mexican 17. Age at last birthday 26 (Years)

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

18. Birthplace (city or place) Parral
(State or country) Chihuahua, Mexico

13. Occupation Miner
Nature of Industry

19. Occupation Housewife
Nature of Industry

20. Number of children of this mother 4 (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 0
(c) Stillborn 1

21. Were precautions taken against ophthalmia neonatorum? Stillborn

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2:15 p.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 [Signature]

Given name added from a supplemental report _____ Address Bisbee Ariz (Physician or midwife).

Month, day, year _____ Filed 7/3 1929 R B Bunker Registrar

071-615-216

order of birth stated.