

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 129
County Registrar No. 46
Local Registrar No. _____

PLACE OF BIRTH
1. County of Chia
District of _____
Town of _____
or
City of Mission

No. 527 Mission Ave St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarita Sanchez
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female 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 Feb 9 1927
Month Day Year

8. FATHER
Full name Gustavo Sanchez

14. MOTHER
Full maiden name Ruberta Palacios

9. Residence (Usual place of abode) Mission Ariz
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 27 (Years)

16. Color or race Mexican
17. Age at last birthday 21 (Years)

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

18. Birthplace (city or place) Jerome Arizona
(State or country)

13. Occupation Laborer
Nature of industry _____

19. Occupation _____
Nature of industry Housewife

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 2
(b) Born alive but now dead _____
(c) Stillborn None

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 6 P. 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 _____
Address _____
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year _____
Filed Feb 18 1927 _____
Local Registrar

Registrar _____ 19 _____ County Registrar

439-209-972

THIS must be made stated.