

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 186
Registered No. 44

1. PLACE OF BIRTH

County Pima State Arizona
Township _____ or Village _____
City 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 Sarah Bravo { If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature Yes 7. Legitimate Yes 8. Date of birth May 24, 1930
(Month, day, year)

FATHER
9. Full name Ramon Bravo
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden
11. Color or race Mex 12. Age at last birthday 22 (Years)
13. Birthplace (city or place) (State or country) Mosely Ariz
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bravo
16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

MOTHER
18. Full maiden name Francis Guerra
19. Residence (usual place of abode) (If nonresident, give place and State) Hayden
20. Color or race Mex 21. Age at last birthday 18 (Years)
22. Birthplace (city or place) (State or country) Wrennouth Ariz
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work 3-24, 1930 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0
28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 3:50 a.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. }

Given name added from a supplemental report _____ (Date of) _____
(Signed) Charles B. Hurst, M. D., Midwife
Address Hayden
Filed May 28, 1930 W. J. D. Dusk Registrar.

226-524-6711

IN ORDER OF BIRTH STATUTE.

OCCUPATION

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