

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 188
Registered No. 45

1. PLACE OF BIRTH

County Yila 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 Estanislado Sanchez { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature Yes 7. Legitimate Yes 8. Date of birth May 26, 1931
5. Number, in order of birth _____ Full term _____ Mated _____ (Monthly, day, year)

FATHER
9. Full name Jose Sanchez
10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
11. Color of hair Brown 12. Age at last birthday 30 (Years)
13. Birthplace (city or place) Saltillo
(State or country) Mex
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter
16. Date (month and year) last engaged in this work 5-26, 1930

MOTHER
8. Full maiden name Antonia Rulleo
19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
20. Color of hair Brown 21. Age at last birthday 37 (Years)
22. Birthplace (city or place) Agua Prieta
(State or country) Mex
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
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 5-26, 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 1 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 2:00 a.m. on the date above stated
(Born alive ~~or stillborn~~)

(Signed) Charles K. Smith, M.D.
or _____, M.D.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }
Given name added from 522-526-192
a supplemental report. _____ (Date of)

Address Hayden
Filed May 28, 1931 W.D. Paul
Registrar.

Registrar.