

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 202
Registered No. 49

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child Miguel Zamorano Jr { If child is not yet named, make supplemental report, as directed

Sex <u>Male</u>	If plural births	3. Twin, triplet, or other.	6. Premature Full term	7. Legitimate mate?	8. Date of birth <u>May 31, 1930</u> (Month, day, year)
9. Full name of FATHER <u>Miguel Zamorano</u>			10. Full maiden name of MOTHER <u>Rita Arisio</u>		
10. Residence (usual place of abode) <u>Mogabe</u> (If nonresident, give place and State)			19. Residence (usual place of abode) <u>Mogabe</u> (If nonresident, give place and State)		
11. Color of <u>Mex</u>		12. Age at last birthday <u>23</u> (Years)		20. Color of <u>Mex</u>	
13. Birthplace (city or place) <u>Mogabe</u> (State or country) <u>Ariz</u>			21. Age at last birthday <u>23</u> (Years)		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>		22. Birthplace (city or place) <u>Mogabe</u> (State or country) <u>Ariz</u>		
	15. Industry or business in which work was done, as mill, sawmill, bank, etc. <u>Black Kilm</u>		23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc. <u>Housewife</u>		
	16. Date (month and year) last engaged in this work <u>5-31, 1930</u>		17. Total time (years) spent in this work		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work <u>5-31, 1930</u>		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work <u>5-31, 1930</u>	
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 <u>5</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>			
28. If stillborn, period of gestation _____ months or weeks		29. Cause of stillbirth _____			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6:00 p.m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles H. Husto, M. D.
or _____, Midwife

Given name added from a supplemental report _____ (Date of) _____
426-531-916 Registrar.

Address Hayden
Filed June 1, 1930 4573 Registrar.