ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 141

Registered No.

1. PLACE OF BIRTH

County Gila State

Township or Village

City Winkelman No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term Yes | 7. Legitimate Yes | 8. Date of birth June 3, 1930 (Month, day, year)

FATHER	MOTHER
9. Full name Santiago Rivera	18. Full maiden name Margaret Bragamont
10. Residence (usual place of abode) (If nonresident, give place and State) Winkelman	19. Residence (usual place of abode) (If nonresident, give place and State) Winkelman
11. Color or race Mex. 12. Age at last birthday 27 (Years)	20. Color or race Mex. 21. Age at last birthday 22 (Years)
13. Birthplace (city or place) Florence (State or country) Ariz	22. Birthplace (city or place) Phoenix (State or country) Ariz
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Smelter	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 June 3, 1930	25. Date (month and year) last engaged in this work June 3, 1930
17. Total time (years) spent in this work	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 ✓ (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 (Born alive or stillborn) at 12 25/4 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 E. Hurst, M. D.

or ....., Midwife

Address

Given name added from a supplemental report (Date of)

Registrar.

Filed July 6, 1930 P. J. Hutton Registrar.

291-603-425

NOTE: If a child is born, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.