

# ARIZONA STATE BOARD OF HEALTH

State File No. 123

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No. 88

**1. PLACE OF BIRTH**

County Gila 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** Francisco Carmelo { If child is not yet named, make supplemental report, as directed

<b>3. Sex</b> <u>Male</u>	<b>4. Twin, triplet, or other</b> _____	<b>6. Premature</b> _____	<b>7. Legitimate</b> <u>Yes</u>	<b>8. Date of birth</b> <u>Oct 1, 1930</u> <small>(Month, day, year)</small>
<b>If plural births</b> _____	<b>5. Number, in order of birth</b> _____	<b>Full term</b> _____		

**9. Full name** FATHER  
Francisco Carmelo

**10. Residence (usual place of abode)**  
(If nonresident, give place and State) Hayden

**11. Color of race** Mex **12. Age at last birthday** 28 (Years)

**13. Birthplace (city or place)**  
(State or country) Mauris  
Ariz

**14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Farmer

**15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.** Smelter

**16. Date (month and year) last engaged in this work**  
Sept 30, 1930

**17. Total time (years) spent in this work** 3

**18. Full maiden name** MOTHER  
Minnie Smith

**19. Residence (usual place of abode)**  
(If nonresident, give place and State) Hayden

**20. Color or** Mex **21. Age at last birthday** 20 (Years)

**22. Birthplace (city or place)**  
(State or country) Europe  
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**  
Sept 30, 1930

**26. Total time (years) spent in this work** 3

**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 6:00 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. }  
 (Signed) Charles R. Guistard, M.D.  
 or \_\_\_\_\_, Midwife  
 Address Hayden Ariz  
 Filed Oct 4, 1930 W.P. Dool  
 Registrar. Registrar.

Given name added from a supplemental report 636-1001-482  
(Date of)

B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.