ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 134

Registered No.

1. PLACE OF BIRTH

County Gila State

Township Winkelman 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 Mariana Frijo { If child is not yet named, make supplemental report, as directed

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

FATHER	MOTHER
9. Full name Renaldo Frijo	18. Full maiden name Manuela Leon
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden	19. Residence (usual place of abode) (If nonresident, give place and State) Winkelman
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 27 (Years)	21. Age at last birthday 27 (Years)
13. Birthplace (city or place) (State or country) Sonora Mex	22. Birthplace (city or place) Tucson (State or country) Arizona
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Mill	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife
16. Date (month and year) last engaged in this work , 19	25. Date (month and year) last engaged in this work , 19
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 1

28. If stillborn, period of gestation 7 { months ~~or weeks~~ | 29. Cause of stillbirth Unknown { Before labor Yes 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 10 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 K Hutton M.D., M.D.

or , Midwife

Address

Given name added from a supplemental report (Date of)

Filed Nov 8, 1930 P. J. Hutton Registrar.

Registrar.

N. 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.

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