

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 138
Registered No. 89

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 Brijido Luroco { 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 Yes 7. Legitimate Yes 8. Date of birth Oct 8, 1930
Full term _____ mate _____ (Month, day, year)

9. Full name of FATHER Emilio Luroco 16. Full maiden name of MOTHER Yolanda Castro

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

11. Color or race Mex 12. Age at last birthday 29 (Years) 20. Color or race Mex 21. Age at last birthday 24 (Years)

13. Birthplace (city or place) Mexico 22. Birthplace (city or place) El Paso, Texas
(State or country) (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour 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. Rail Road 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

18. Date (month and year) last engaged in this work Oct 8, 1930 17. Total time (years) spent in this work 4 25. Date (month and year) last engaged in this work Oct 8, 1930 26. Total time (years) spent in this work 5

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 2 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 6 (Born alive or stillborn) at 5:30 a.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 B. Sturtevant, M. D.
or _____, Midwife
Address Hayden, Ariz.
Filed Oct 11, 1930 2572 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 must be stated in order of birth stated.

OCCUPATION

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