

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 157
 Registered No. 91

1. PLACE OF BIRTH

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

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

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ 7. Legitimate _____ 8. Date of birth Oct 12, 1930
 (Month, day, year)

9. Full name Louis Sanchez FATHER
 10. Residence (usual place of abode) Hayden
 (If nonresident, give place and State)
 11. Color of hair Black 12. Age at last birthday 41 (Years)
 13. Birthplace (city or place) San Antonio Tex
 (State or country)
 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name Palma Ylara MOTHER
 19. Residence (usual place of abode) Hayden
 (If nonresident, give place and State)
 20. Color of hair Black 21. Age at last birthday 30 (Years)
 22. Birthplace (city or place) San Antonio Tex
 (State or country)
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Mill
 25. Date (month and year) last engaged in this work Oct 12, 1930 26. Total time (years) spent in this work 10

OCCUPATION

OCCUPATION

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (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 _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at 10:00 m. on the date above stated
 (Born alive or stillborn) _____
 (Signed) Charles B. Hurd M. D.
 or _____ Midwife
 Address Hayden Ariz
 Filed Oct 15, 1930 W. W. Dyer Registrar.
 Given name added from a supplemental report _____ (Date of) _____
 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.

122-1012-781