

ARIZONA STATE BOARD OF HEALTH

159

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 77

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 Manuel B. Aguirre (If child is not yet named, make supplemental report, as directed)

3. M. If plural births _____ 4. Twin, triplet, or other. _____ 6. Premature _____ 7. Legiti- y 8. Date of birth 11/21 1930
Full term yes mate? yes (Month, day, year)

9. Full name Cruz Aguirre FATHER 18. Full maiden name Manuela Bravo MOTHER

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

11. Color or race Mex. 12. Age at last birthday 39 (Years) 20. Color or race Mex. 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) Jalisco, Mex. (State or country) 22. Birthplace (city or place) Sinaloa, Mex. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 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 _____ 17. Total time (years) spent in this work 20 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work 18 1/2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 2 (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 born alive at 7 P. 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) F. R. Parnell, M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____, Midwife
Address Hayden Ariz.

Registrar _____

Filed Nov 22, 1930 Edo. Guad. Registrar.

415-1121-426