

ARIZONA STATE BOARD OF HEALTH

State File No. 169

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

Registered No. \_\_\_\_\_

County Yila State \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Winkelman No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Rosario Bonillas  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
{ If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other None 5. Number, in order of birth 1  
6. Premature Full term 7. Legitimate Yes 8. Date of birth Nov 24 1930  
(Month, day, year)

9. FATHER  
Name Francisco Bonillas

18. Full maiden name Josefa Padilla MOTHER

10. Residence (usual place of abode) Winkelman  
(If nonresident, give place and state)

19. Residence (usual place of abode) Winkelman  
(If nonresident, give place and state)

11. Color or race Mexican 12. Age at last birthday 43 (Years)

20. Color or race Mexican 21. Age at last birthday 42 (Years)

13. Birthplace (city or place) Imuris Sonora Mex  
(State or country)

22. Birthplace (city or place) Floresa  
(State or country) Guiz

14. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Labour

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House work

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. work

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 3 (c) Stillborn \_\_\_\_\_

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 5-58 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 K. Hutton, M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife  
Address Dec 5, 1930 P.O. Hutton  
Regd. \_\_\_\_\_ Registrar.

Registrar.

922-1124-171