ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

State File No. 45

Registered No.

County Cochise State Arizona

Township or Village

City Douglas No. 728 - H Ave St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Benjamin Tapia (If child is not yet named, make supplemental report, as directed)

3. Sex Male

If plural births: 4. Twin, triplet, or other 0 5. Number, in order of birth 0

6. Premature 0 Full term ✓

7. Legitimate? Yes

8. Date of birth Dec. 17, 1930 (Month, day, year)

FATHER

9. Full name Benjamin Tapia -

10. Residence (usual place of abode) (If nonresident, give place and State) 728 - H Ave.

11. Color or race Mex. 12. Age at last birthday 35 (Years)

13. Birthplace (city or place) Baye San Buenaventura (State or country) Chihuahua, Mexico.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter

16. Date (month and year) last engaged in this work Dec., 1930

17. Total time (years) spent in this work 7

MOTHER

18. Full maiden name Encaracion Herrera -

19. Residence (usual place of abode) (If nonresident, give place and State) 728 - H Ave.

20. Color or race Mex. 21. Age at last birthday 26 (Years)

22. Birthplace (city or place) Montezuma (State or country) Sonora, Mexico.

OCCUPATION

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home.

25. Date (month and year) last engaged in this work Dec., 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 2 (b) Born alive but now dead 1 (c) Stillborn

28. If stillborn, period of gestation 0 months or weeks

29. Cause of stillbirth -0-

Before labor -0-

During labor -0-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 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) Jack Hield, M. D.

or ..., Midwife

Address 636 10 St - Douglas

Given name added from a supplemental report (Date of)

Filed 1/5, 1931 Registrar.

Registrar.

131-1217-581