

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 180  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State \_\_\_\_\_  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Yunkelman St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rafugio Enrique { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate yes 8. Date of birth Dec 23, 1930  
(Month, day, year)

9. Full name Rafugio Enrique FATHER 18. Full name Amelia Talah MOTHER

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

11. Color or race Mex 12. Age at last birthday 26 (Years) 20. Color or race Mex 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) Marion North 22. Birthplace (city or place) Prescott  
(State or country) Ariz (State or country) Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 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. Copper smelter 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. wife

16. Date (month and year) last engaged in this work Dec 23, 1930 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work Dec 23, 1930 26. Total time (years) spent in this work \_\_\_\_\_

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 1

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 \_\_\_\_\_ (Born alive or stillborn) at \_\_\_\_\_ p.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 S. Huston M.D.

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

Address \_\_\_\_\_ Filed Jan 9, 1931 P. J. Huston Registrar.

Registrar.

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