

ARIZONA STATE BOARD OF HEALTH

State File No. 197

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

Registered No.

1. PLACE OF BIRTH

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

2. Full name of child Ysabel Gracia Machado (If child is not yet named, make supplemental report, as directed)

3. Sex ♀ If plural births 4. Twin, triplet, or other _____
 5. Number, in order of birth _____ 6. Premature _____ 7. Legiti- yes
 Full term yes male? yes 8. Date of birth 1/30/31
(Month, day, year)

9. Full name Juan Machado FATHER
 10. Residence (usual place of abode) Winkelman
(If nonresident, give place and State)

18. Full maiden name Ygracia Gracia MOTHER
 19. Residence (usual place of abode) Winkelman
(If nonresident, give place and State)

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

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

13. Birthplace (city or place) Ariz
(State or country)

22. Birthplace (city or place) Yuma Ariz
(State or country)

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. Exp Smelter
 16. Date (month and year) last engaged in this work _____, 19____
 17. Total time (years) spent in this work _____, 19____

OCCUPATION
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H.W.
 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 _____, 19____
 26. Total time (years) spent 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 1 (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 born alive at 9:40 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) Fitz R. Winkelman, M.D.
 or _____ Midwife

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

Address Hayden, Ariz
 Filed Feb 6, 1931 P. E. Hutton Registrar

Registrar.

846-130-871

If 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.