ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 00102

Registered No. 15

1. PLACE OF BIRTH

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 Lotero Naba Blancarte (If child is not yet named, make supplemental report, as directed)

3. Sex Male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term Yes | 7. Legitimate Yes | 8. Date of birth 2/3/, 1931 (Month, day, year)

FATHER

9. Full name José Blancarte

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

11. Color or race Mex | 12. Age at last birthday 28 (Years)

13. Birthplace (city or place) (State or country) Mexico City Mex.

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. Coppes Mill

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

MOTHER

18. Full maiden name Guadalupe Naba

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

20. Color or race Mex | 21. Age at last birthday 30 (Years)

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

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. .....

25. Date (month and year) last engaged in this work ....., 19.... | 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 3 (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 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) Fritz R. Winslow, M. D.

or ..... Midwife

Address Hayden, Ariz.

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

Filed Feb 4, 1931 W. B. Nash Registrar.

Registrar.

225-203-751