ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 00114

Registered No. 19

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 Margarita Apolinar (If child is not yet named, make supplemental report, as directed)

3. Sex Female | 4. Plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? Yes | 8. Date of birth Feb 9, 1931 (Month, day, year)

FATHER

9. Full name Miguel Apolinar

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

11. Color or race Mex | 12. Age at last birthday 30 (Years)

13. Birthplace (city or place) Leon (State or country) Guanajuato 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. .....

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

MOTHER

18. Full maiden name Concepcion Morelo

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

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

22. Birthplace (city or place) Leon (State or country) Mex

OCCUPATION

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

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 5 (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 or stillborn) at 11 30 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) Charles B Hunter, M.D.

or ..... Midwife

Address Hayden

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

Filed Feb 11, 1931 W B Dunn Registrar.

Registrar.

419-209-346

N. B.—In case of mo[illegible] a SEPARATE RE[illegible] in order of birth stated.