

# ARIZONA STATE BOARD OF HEALTH

00:38

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. 21

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Kempden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Francisco Perez  
(If birth occurred in hospital or institution, give its NAME; instead of street and number)

If child is not yet named, make supplemental report, as directed

3. Sex Male At plural births \_\_\_\_\_  
4. Twin, triplet, or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_  
7. Legitimacy Yes \_\_\_\_\_  
8. Date of birth Feb 25, 1931  
(Month, day, year)

9. Full name of FATHER Don Maria Perez  
10. Residence (usual place of abode) Christina  
(If nonresident, give place and state)  
11. Color or race Mex  
12. Age at last birthday 26 (Years)  
13. Birthplace (city or place) San Juan  
(State or country) Palmer Mex  
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper  
16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_, 19\_\_\_\_

18. Full name of MOTHER Concepcion Rojas  
19. Residence (usual place of abode) Christina  
(If nonresident, give place and state)  
20. Color or race Mex  
21. Age at last birthday 25 (Years)  
22. Birthplace (city or place) Guadalupe  
(State or country) Veracruz Mexico  
23. Trade, profession, or particular kind of work done, as housewife, 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 \_\_\_\_\_, 19\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (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 \_\_\_\_\_ at 4:0 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) Charles R. Kuntz M.D.

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

or \_\_\_\_\_ Midwife

Address Hayden Ave

Filed Feb 25, 1931 W. B. D. Post Registrar

Registrar \_\_\_\_\_

679-275-392

In order of birth stated.