ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 103

Registered No. 23

1. PLACE OF BIRTH

County Gila State Arizona

Township Hayden 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 Manuel Sanchez { If child is not yet named, make supplemental report, as directed

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

FATHER	MOTHER
9. Full name Jose Sanchez	18. Full maiden name Antonia Ruelas
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden	19. Residence (usual place of abode) (If nonresident, give place and State) Hayden
11. Color or race Mex 12. Age at last birthday 24 (Years)	20. Color or race Mex 21. Age at last birthday 20 (Years)
13. Birthplace (city or place) (State or country) Mexico	22. Birthplace (city or place) Nogales (State or country) Cuba
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House Wife
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.
16. Date (month and year) last engaged in this work ..., 19... 17. Total time (years) spent in this work	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 2 (b) Born alive but now dead 2 (c) Stillborn

28. If stillborn, period of gestation ... { months or weeks | 29. Cause of stillbirth 422-307-192 { 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 5:00 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 B. Hurst, M.D.

or ... Midwife

Address Hayden, Arizona

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

Filed Mar 7, 1931 W. D. Hurst Registrar.

... Registrar.