

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **131**
 Registered No. **64**

1. PLACE OF BIRTH

County Yuma State Ariz
 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

Maria Rosas
(If child is not yet named, make supplemental report, as directed)

3. Sex

Male Female
If plural births

4. Twin, triplet, or other _____

5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Legitimate Illegitimate
mate

8. Date of birth 8/15/1913
(Month, day, year)

9. Full name

Romulo A. Rosas FATHER

18. Full maiden name

Ludwiga Moralle MOTHER

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 25 (Years)

20. Color Mex

21. Age at last birthday 25 (Years)

13. Birthplace (city or place)

Managuato, Mex
(State or country)

22. Birthplace (city or place)

Mexico
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

OCCUPATION

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

H. M.

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 _____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____

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 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 3 A.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) Felix R. Winalowit M.D.

Given name added from 492-815-742
a supplemental report (Date of)

or _____ Midwife

Address Hayden Ariz

Filed Aug 17 1913 Registrar

Registrar

MACHINE RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 In case of 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.