

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **106**
Registered No. **278**

1. PLACE OF BIRTH

County **Gila**

State

Township

or Village

City **Maricopa**

No. **6** **Lincoln Boulevard** St. **Phoenix**
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child **Francisco Barroza**

(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 **1st**

7. Length of gestation **38** weeks

8. Date

Sept 1, 1931
(Month, day, year)

9. Full name

FATHER

Francisco Barroza

18. Full maiden name

MOTHER

Concha Herrera

10. Residence (usual place of abode)
(If nonresident, give state and county)

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

11. Color

12. Age at last birthday **30** (Years)

20. Color and race

21. Age at last birthday **27** (Years)

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

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

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

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

15. Industry or business in which work was done, as mill, sawmill, bank, etc.

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

17. Total time (years) spent in this work **2**

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

26. Total time (years) spent in this work **10**

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 **1** (c) Stillborn **0**

28. If stillborn, period of gestation { months or weeks

29. Cause of stillbirth { Before labor or During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **born alive** at **9** **00** 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) **Heenan D. Boylston**

Heenan D. Boylston, M.D.

Given name added from a supplemental report **6-21-901-381** (Date of)

Address **Phoenix, Ariz.**

Filed **Sept 11, 1931** **L. C. Drake** Registrar.

Registrar.

MORNING RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.