ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 83

Registered No. 78

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 Jose Santana { 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 ..... | 6. Premature ..... Full term X | 7. Legitimate? yes | 8. Date of birth Oct 7th, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name Polito Santana	18. Full maiden name Ysabel Orosco
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden Ariz	19. Residence (usual place of abode) (If nonresident, give place and State) Hayden Ariz
11. Color or race Mex 12. Age at last birthday 36 (Years)	20. Color or race Mex 21. Age at last birthday 30 (Years)
13. Birthplace (city or place) (State or country) El Paso, Texas.	22. Birthplace (city or place) (State or country) La Concepcion, Mazatlan, Mexico.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
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. At Home
16. Date (month and year) last engaged in this work Oct 7th, 1931 17. Total time (years) spent in this work 19	25. Date (month and year) last engaged in this work Oct. 7th, 1931 26. Total time (years) spent in this work 15

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 4 (c) Stillborn .....

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 (Born alive or stillborn) at 10.00 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) Polito santana, M.D.

or Father, Midwife

Address Hayden, Arizona.

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

121-1007-866 Registrar.

Filed Oct. 10th, 1931 [signature] Registrar.

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.