

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 461
Registered No. 1114

1. PLACE OF BIRTH

County Pima State Arizona
Township _____ or Village _____
City Juan No. 175 So. Convent St. _____ Ward _____

2. Full name of child Clementina Alvord (If birth occurred in a hospital or institution, give its NAME instead of street and number)
[If child is not yet named, make supplemental report, as directed]

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term <u>Yes</u>	7. Legiti- mate? <u>Yes</u>	8. Date of birth <u>Oct 29</u> , 19 <u>31</u> (Month, day, year)
-------------------------	------------------	----------------------------	--------------------------------------	--------------------------------	---

9. Full name Ysabel FATHER Alvord
10. Residence (usual place of abode) (If nonresident, give place and State) #175 So. Convent St.
11. Color or race Mex 12. Age at last birthday 31 (Years)

18. Full maiden name Matilde Jackson MOTHER
19. Residence (usual place of abode) (If nonresident, give place and State) 175 So. Convent St.
20. Color or race Mex 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) Aronteras Son, Mex.
(State or country)

22. Birthplace (city or place) Guaymas, Sonora Mexico
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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 _____, 19____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Household duties
25. Date (month and year) last engaged in this work Oct. 29, 1931
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 _____ (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 at 7:30 P.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) _____ M. D.

Given name added from a supplemental report 319-1029-415 or Jacinta Yba de Ruiz Midwife
(Date of) _____ Address #518 W. 17th St. Tucson, Ariz.

Filed Nov. 10, 1931 Leona St. Stewart, M.D. Registrar

MARGIN 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.