ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 21

Registered No. 343

1. PLACE OF BIRTH

County Cochise State Arizona

Township ... or Village ...

City Douglas No. Paula Spur St. ... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Herlinda Basquez (If child is not yet named, make supplemental report, as directed)

3. Sex Female

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 Nov 6, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name Reyes Basquez	18. Full maiden name Emilia Cafigas
10. Residence (usual place of abode) (If nonresident, give place and State) Paula Spur	19. Residence (usual place of abode) (If nonresident, give place and State)
11. Color or race mex 12. Age at last birthday 26 (Years)	20. Color or race mex 21. Age at last birthday 19 (Years)
13. Birthplace (city or place) ... (State or country) Mexico	22. Birthplace (city or place) ... (State or country) Mexico
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.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife
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 2 (At time of this birth and including this child) (a) Born alive and now living 1 (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 alive (Born alive or stillborn) at ... m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) [illegible], M.D.

or ..., Midwife

Address Douglas Ariz

Given name added from a supplemental report 829-1106-532 (Date of)

..., Registrar.

Filed 12/1, 1931 [illegible], Registrar.