

# ARIZONA STATE BOARD OF HEALTH

State File No. 94

Registered No. 344

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 117 Miami Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

1. Full name of child Baby Otry #3 (If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other, none 5. Number, in order of birth #2 6. Premature yes Full term \_\_\_\_\_ 7. Legitimate? yes 8. Date of birth Nov 6, 1931 (Month, day, year)

9. Full name Kelaris Otry FATHER 18. Full maiden name Pabla Yasquez MOTHER

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz 19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz

11. Color or race Mex 12. Age at last birthday 41 (Years) 20. Color or race Mexican 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) Jalisco Mexico (State or country) 22. Birthplace (city or place) Jalisco Mex (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. H W

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. \_\_\_\_\_

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 3 (b) Born alive but now dead 4 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation 6 1/2 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 9:30 AM 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) Charles E. Jones, M.D.

or \_\_\_\_\_ Midwife

Address Miami Arizona

Filed Nov 8, 1931 Charles E. Jones Registrar

Given name added from a supplemental report 019-1106-759 (Date of) \_\_\_\_\_

Registrar