

A. D. - IN CASE 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.

# ARIZONA STATE BOARD OF HEALTH

State File No. \_\_\_\_\_

Registered No. 87

## 1. PLACE OF BIRTH

County Yuma 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 Ramon Hernandez { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimacy legit 8. Date of birth Dec 3, 1931  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ major \_\_\_\_\_ (Month, day, year)

9. Full name of FATHER Pedro J. Sanchez 18. Full maiden name of MOTHER María Centeno

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

11. Color of hair Black 12. Age at last birthday 45 (Years) 20. Color of eyes Blue 21. Age at last birthday 34 (Years)

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labour 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. \_\_\_\_\_ 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 \_\_\_\_\_, 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 (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 5 (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 \_\_\_\_\_ at 1:00 a.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) Charles Smith, M.D.

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

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Hayden Arizona

932-1203-416

Filed Dec 5, 1931 Registrar [Signature]

Registrar \_\_\_\_\_