

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 127
Registered No. 76

I. PLACE OF BIRTH

County Gila State Arizona
Township Wenden or Village _____
City Wenden No. _____ St. _____ Ward _____

2. Full name of child Wesley Henry
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 Male If plural births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 6. Number, in order of birth _____
7. Legitimate _____ Full term _____ mate _____ 8. Date of birth Dec 30, 1931
(Month, day, year)

9. Full name Wesley Henry FATHER

18. Full maiden name Ignacia Velazquez MOTHER

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

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

11. Color or race _____ 12. Age at last birthday 58 (Years)

20. Color or race _____ 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) Merimotto
(State or country) Arizona

22. Birthplace (city or place) son
(State or country) Mex

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

16. 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. _____

18. Date (month and year) last engaged in this work _____ 19. _____

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 6 (b) Born alive but now dead 7 (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 _____ m. on the date above stated
(Born alive or stillborn)

(Signed) Charles H. Heston, M.D.
or _____, Midwife

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

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

Address Hayden Ave
Filed Dec 31, 1931 Wenden Registrar

839-1230-851

Registrar

N. B. - IN CASE OF MISTAKE, THIS FORM SHOULD BE RECORDED IN ORDER OF BIRTH DATED.