

# ARIZONA STATE BOARD OF HEALTH

102

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. ....

County Gila State .....

Township .....

City Winkelman or Village .....

Full name of child Mariana Westrop (If birth occurred in a hospital or institution, give its NAME instead of street and number) St. .... Ward .....

If child is not yet named, make supplemental report, as directed

1. Sex <u>Female</u>	2. If plural births	4. Twin, triplet, or other.....	6. Premature .....	7. Legitimate <u>Yes</u>	8. Date of birth <u>Jan 12, 1932</u> (Month, day, year)
		5. Number, in order of birth.....	Full term.....	mate.....	

9. Full name <u>Louis Westrop</u> FATHER	18. Full maiden name <u>Matilda Parila</u> MOTHER
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10. Residence (usual place of abode) (If nonresident, give place and State) <u>Winkelman</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Winkelman</u>
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11. Color of hair <u>Black</u>	12. Age at last birthday <u>36</u> (Years)
20. Color of skin <u>Mex</u>	21. Age at last birthday <u>35</u> (Years)

13. Birthplace (city or place) (State or country) <u>Marion, Mo</u>	22. Birthplace (city or place) (State or country) <u>Arizona Mex</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>printer</u> 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 17. Total time (years) spent in this work	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>house wife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work
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7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

8. If stillborn, period of gestation..... { months or weeks	29. Cause of stillbirth.....	Before labor During labor
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was at 930 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 B. Hutton Midwife

Even name added from supplemental report..... (Date of) 455-113-451  
 Address Feb 6, 1932 P. J. Hutton  
 Filed..... Registrar.