ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 108

Registered No.

1. PLACE OF BIRTH

County Gila State

Township or Village

City Winkelman St. Ward

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

2. Full name of child Cruz Ortiga { 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 Jan 20 1932 (Month, day, year)

FATHER

9. Full name Bartolo Ortiga

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

11. Color or race Mex | 12. Age at last birthday 44 (Years)

13. Birthplace (city or place) (State or country) Sonora Mex

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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 , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Cruz Chauvey

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

20. Color or race Mex | 21. Age at last birthday 38 (Years)

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

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

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 4 (b) Born alive but now dead 2 (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 (Born alive or stillborn) at 6 30 A m. on the date above stated

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

(Signed) Charles B Huston M.D.

or , Midwife

Address

Given name added from a supplemental report 361-120-338 (Date of)

Filed Feb 6, 1932 P G Hutton Registrar.

Registrar.