ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 106

Registered No. 5

1. PLACE OF BIRTH

County Gila 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 Rosa Velasquez (If child is not yet named, make supplemental report, as directed)

3. Sex Male

4. 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 Feb 8, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name Cipriano Velasquez	18. Full maiden name Juana Santa Maria
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden	19. Residence (usual place of abode) (If nonresident, give place and State) Hayden
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 39 (Years)	21. Age at last birthday 34 (Years)
13. Birthplace (city or place) (State or country) Mexico	22. Birthplace (city or place) Magdalena, Sonora (State or country) Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodcutter	OCCUPATION 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. own home
16. Date (month and year) last engaged in this work 2-7-, 1932	25. Date (month and year) last engaged in this work 2-8-, 1932
17. Total time (years) spent in this work 10	26. Total time (years) spent in this work 15 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 11 (b) Born alive but now dead (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 Stillborn (Born alive or stillborn) at 8 00 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. Hustis M.D., or ..., Midwife

Address Hayden Ariz.

Given name added from a supplemental report

(Date of)

Filed Feb 10, 1932 Registrar.

159-208-121 Registrar.

Use ARIZONA WATER INKING—THIS IS A PERMANENT RECORD

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each in order of birth stated.