

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 107
Registered No. 4

1. PLACE OF BIRTH

County Sila State Arizona
Township _____ or Village _____
City Saylor No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guana Matting If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other _____ 5. Premature _____ 6. Date of birth Feb 8, 1922
7. Gestation 9 1/2 months 8. Full term _____ (Month, day, year)

FATHER
9. Full name Juan Martinez
10. Residence (usual place of abode) Saylor
(If nonresident, give place and State)
11. Color or race _____ 12. Age at last birthday 25 (Years)
13. Birthplace (City or State) San Juan de los Rios, Mexico
(State of _____)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 2-7-1922

MOTHER
18. Full maiden name Porfua de Saylor
19. Residence (usual place of abode) Saylor
(If nonresident, give place and State)
20. Color or race _____ 21. Age at last birthday 19 (Years)
22. Birthplace (City or State) San Juan de los Rios, Mexico
(State or country)
23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
25. Date (month and year) last engaged in this work 2-8-1922
26. Total time (years) spent in this work 7 1/2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (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 _____ at 1:00 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. Hueston
or _____
Address Saylor, Ariz.
Filed Feb 10, 1922 Registrar

Given name added from a supplemental report _____ (Date of) _____
149-208-419 Registrar

NOTE: PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and in order of birth stated.