

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. **114**

Registered No. _____

1. PLACE OF BIRTH

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

2. Full name of child Maria Lourdes Fernandez (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 Female 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legiti- mate 8. Date of birth Feb 11, 1932
 (If plural births) 5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name Rafael Fernandez FATHER
 10. Residence (usual place of abode) Winkelman
 (If nonresident, give place and State)

18. Full maiden name Elisa Varela MOTHER
 19. Residence (usual place of abode) Winkelman
 (If nonresident, give place and State)

11. Color or race May 12. Age at last birthday 40 (Years)

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

13. Birthplace (city or place) Rion
 (State or country) from Mex

22. Birthplace (city or place) Winnemuth
 (State or country) Arizona

14. Trade, profession, or particular kind of work done, as None
 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 _____ 19____

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
 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 _____ 19____ 26. Total time (years) spent in this work _____ 19____

7. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

5. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor _____ During labor _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 545

I hereby certify that I attended the birth of this child, who was _____ at _____ P. 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 E. Husted

When name added from supplemental report. _____ (Date of) _____

or _____ Midwife

169-211-551 (Date of) _____ Registrar.

Address _____ Filed March 4th 1932 C. E. Husted Registrar.