

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **109**

Registered No. **67**

1. PLACE OF BIRTH

County Gila State Ariz
Township Mayor City May of Village 16 1/2 mi. Cah
No. 16 1/2 mi. Cah Street Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Infant Maria Rosales (If child is not yet named, make supplemental report, and direct

3. Sex Female 4. Twin, triplet, or other. No 5. Number in order of birth 1st
6. Premature No 7. Yes 8. Date of Birth Feb 5 1932
Full term Yes (month, day, year)

9. Full name of FATHER Angel Rosales

18. Full maiden name of MOTHER Maria Casarez

10. Residence (usual place of abode) May
(If nonresident, give place and state)

19. Residence (usual place of abode) May
(If nonresident, give place and state)

11. Color of hair Blk 12. Age at last birthday 27 (Years)

20. Color of hair Blk 21. Age at last birthday 27 (Years)

13. Birthplace (city or place) Mexico
(State or country)

22. Birthplace (city or place) Mexico
(State or country)

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

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Wine

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

16. Date (month and year) last engaged in this work Jan 1932

25. Date (month and year) last engaged in this work Jan 1932

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 9 months 29. Cause of stillbirth Before labor
(or weeks) or weeks (During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at May on the date above stated

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

Nelson D. Bradley
M.D. (Born alive born alive stillborn)

Given name added from a supplemental report (Date of)

or Maria Midwife

390-305-139 (Date of)

Address May 13 1932
Filed May 13 1932 Registrar

Registrar

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