

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **110**
Registered No.

1. PLACE OF BIRTH

County Gila State

Township

City Winkelman or Village

St. Ward

2. Full name of child Lydia Taldy (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other..... 5. Number, in order of birth.....

6. Premature Full term..... 7. Legitimate..... 8. Date of birth Mar 6 32 (Month, day, year)

9. Full name of FATHER Jose Taldy

18. Full name of MOTHER Maria Encarnacion

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

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

11. Color or race Mex 12. Age at last birthday 32 (Years)

20. Color or race Mex 21. Age at last birthday 29 (Years)

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

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

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

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.

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

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

17. Total time (years) spent in this work

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 1 (c) Stillborn

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 320 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. Hurst M. D.

Given name added from a supplemental report..... (Date of)

or Hayden Midwife

359-256-436 (Date of)

Address

Filed April 6 1932 P. J. Hutton Registrar.

IN ORDER OF BIRTH STATED.