

ARIZONA STATE BOARD OF HEALTH

154

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 13

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

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

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legit \_\_\_\_\_ 8. Date of birth Mar 30 1932  
5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, day, year)

9. Full name of FATHER Pedro Suteray  
10. Residence (usual place of birth) Mexico  
(If nonresident, give place and State)

18. Full maiden name of MOTHER Adelita Quintana  
19. Residence (usual place of birth) Mexico  
(If nonresident, give place and State)

11. Color of race Mex 12. Age at last birthday 40 (Years)

20. Color of race Mex 21. Age at last birthday 30 (Years)

13. Birthplace (city or place) Acatecas  
(State or country) Mex. Mex.

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

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper  
16. Date (month and year) last engaged in this work 3-31-1932  
17. Total time (years) spent in this work 2.0

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 3-22-1932  
26. Total time (years) spent in this work 12

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 1 (c) Stillborn 0

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 \_\_\_\_\_ at 3:00 p.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 K. Hushka, M.D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife  
Address Payson, Arizona

179-330-181 Registrar

Filed Mar 31, 1932 Registrar

When used as a separate return must be made for each, and the number of each in order of birth stated.