MARGIN RESERVED FOR BINDING

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 65C

Registered No. 182

Arizona

1. PLACE OF BIRTH

County Cochise State Arizona

Township Douglas or Village Douglas

City Douglas No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex F | If plural births: 4. Twin, triplet, or other 0; 5. Number, in order of birth 0 | 6. Premature Full term Yes | 7. Legitimate? yes | 8. Date of birth Apr. 29, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name Jesus Sierra	18. Full maiden name Amalia Sierra
10. Residence (usual place of abode) (If non-resident, give place and State)	19. Residence (usual place of abode) (If non-resident, give place and State)
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 21 (Years)	21. Age at last birthday 18 (Years)
13. Birthplace (city or place) Sonora (State or country) Mexico	22. Birthplace (city or place) Sonora (State or country) Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	OCCUPATION: 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, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work 10	26. Total time (years) spent in this work 1 yr

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 0 months or weeks | 29. Cause of stillbirth 0 | Before labor 0 During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 a.m. on the date above stated

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

(Signed) C. H. Olson, M. D.

or Douglas Ariz., Midwife

Address

Given name added from a supplemental report (Date of)

Filed 8/23, 1933 Z. Cousey M.D. Registrar

521-429-121 Registrar

SM 9-17-32 MS-4N43