ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 109
Registered No. 17

1. PLACE OF BIRTH

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

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

3. Sex Male | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Legitimate Yes | 8. Date of birth May 1, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name Rafael Cruz	18. Full maiden name Guadal Ruiz
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden	19. Residence (usual place of abode) (If nonresident, give place and State) Hayden
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 42 (Years)	21. Age at last birthday 44 (Years)
13. Birthplace (city or place) Mexico City (State or country) Mexico Mexico	22. Birthplace (city or place) Cidrito (State or country) Jalisco Mex
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. House
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. Wife
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	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 5 (b) Born alive but now dead 2 (c) Stillborn

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9:10 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) Charles H. Hutchins M.D.
or Midwife
Address Hayden Ariz.

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

Filed May 4, 1932 E. O. Paul Registrar.

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