

ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118
Registered No. 70

County Sila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

Full name of child Lila Putido (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

Sex male plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate _____
8. Date of birth May 5 1932 (Month, day, year)

FATHER
Full name Routrino Pulido
Residence (usual place of abode) Deming, N.M.
(If nonresident, give place and State)

MOTHER
Full name Citernisa Estrada
Residence (usual place of abode) Hayden, Ariz.
(If nonresident, give place and State)

Color or race Mex 12. Age at last birthday 22 (Years)

20. Color or race Mex 21. Age at last birthday 18 (Years)

Birthplace (city or place) Guadalupe
(State or country) Mex

22. Birthplace (city or place) Hayden
(State or country) Ariz

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

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

5. 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

9. Date (month and year) last engaged in this work _____ 19____

26. 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 _____

Number of children of this mother (include of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 _____ at 4:10 p.m. on the date above stated (Born alive _____)

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

(Signed) Charles E. Hutchins M.D.

or _____ Midwife

Address Hayden, Arizona

Filed May 7, 1932 W.D. Duff Registrar

1 name added from supplemental report _____ (Date of) _____
516-309-351 Registrar