

ARIZONA STATE BOARD OF HEALTH

138

1. PLACE OF BIRTH

State File No.

**BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH**

Registered No. 24

County Gila State Arizona
 Township or Village
 City Saunders No. St. Ward

2. Full name of child Jose Sanchez (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

3. Sex Male 4. Twin, triplet, or other 5. Number, in order of birth
 6. Premature Full term 7. Legiti. mate yes 8. Date of birth May 18 1932
 (Month, day, year)

9. Full name Jose Sanchez FATHER 18. Full maiden name Antonia Cuellar MOTHER

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

11. Color or race Mex. 12. Age at last birthday 25 (Years) 20. Color or race Mex. 21. Age at last birthday 19 (Years)

13. Birthplace (city or place) Saunders Mex 22. Birthplace (city or place) Yopala Mex
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 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. Opium mill 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 17. Total time (years) spent in this work
 18. Date (month and year) last engaged in this work 19. 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 2 (b) Born alive but now dead 4 (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 stillborn) at 9:30 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 Bohart M.D.

Given name added from a supplemental report. 122-578-192 (Date of) or Midwife

Address Way on Way Filed May 21 1932 Registrar. W. J. ... Registrar.

IN ORDER OF BIRTH NUMBER