

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 151  
Registered No. 131

**1. PLACE OF BIRTH**

County Yuma State Ariz.  
Township Miami City Miami  
No. 105 R S Caum Ward   
*(If birth occurred in a hospital or institution, give its NAME instead of street and number)*

2. Full name of child Consuela Boisseau *(If child is not yet named, make supplemental report, as directed)*

<u>3</u> Sex <u>Female</u>	If plural Births <u>1</u>	4. Twin, triplet, or other.....	8. Premature.....	7. <u>Y</u> <u>Yes</u> <u>Full term</u>	8. Date <u>May 28, 1932</u> <i>(Month, day, year)</i>
		5. Number in order of birth.....			

9. Full name Louis Boisseau FATHER

18. Full name Margaret Gussman MOTHER

10. Residence (usual place of abode) Miami  
*(If nonresident, give place and State)*

19. Residence (usual place of abode) Miami  
*(If nonresident, give place and State)*

11. Color of hair Blk 12. Age at last birthday 38 (Years)

20. Color of hair Blk 21. Age at last birthday 37 (Years)

13. Birthplace (city or place) Mexico  
*(State or country)*

22. Birthplace (city or place) Mexico  
*(State or country)*

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

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

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.....

25. Date (month and year) last engaged in this work.....

17. Total time (years) spent in this work..... 19.....

26. Total time (years) spent in this work..... 19.....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

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 on the date above stated

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

(Signed) Nelson B. Boylan, M. D.

Given name added from a supplemental report 321-528-475  
*(Date of)*

or Miami Midwife

Address Miami

File June 7, 1932 Registrar

Registrar

A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.