

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 178
Registered No. 27

1. PLACE OF BIRTH

County Yila 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. Celebrato Ferras { If child is not yet named, make supplemental report, as directed

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

9. Full name **FATHER**
Suzorio Ferras

18. Full maiden name **MOTHER**
Dominga Ferras

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

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

11. Color of face White 12. Age at last birthday 20 (Years)

20. Color of hair Gray 21. Age at last birthday 48 (Years)

13. Birthplace (city or town) Spainmouth
(State or country) Spain

22. Birthplace (city or town) Hayden
(State or country) Arizona

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

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

15. Industry or business in which work was done, as mill, sawmill, bank, etc. Spinnery

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

25. Date (month and year) last engaged 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 1 (b) Born alive but now dead _____ (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 _____ at 10:15 m. on the date above stated
(Born alive or stillborn)

(Signed) Charles B. Austen M.D.

or _____ Midwife

Address Hayden Ariz
Filed June 11, 1932 W. S. Pugh Registrar

Given name added from a supplemental report _____ (Date of) _____

Registrar

602-601-459

I at a birth, a SEPARATE RETURN must be made for each, and a number of each in order of birth stated.