

affidavit attached

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 89A

Registered No. 170

PLACE OF BIRTH

County Gila

State

Township

or Village

City

(If birth occurs in a hospital or institution, give its NAME instead of street and number)

St. 1015 DePott Ward

2. Full name of child. Rafael Guadiana

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. Live

8. Date

June 11, 1933
Month, day, year

5. Number, in order of birth

Full term

9. Full name of FATHER

Jose Guadiana

18. Full maiden name of MOTHER

Agripino Ramirez

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

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

11. Color of hair Black

12. Age at last birthday 27 (Years)

20. Color of eyes Black

21. Age at last birthday 17 (Years)

13. Birthplace (city or place) Mexico

(State or country) any

22. Birthplace (city or place) Mexico

(State or country) any

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

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

OCCUPATION

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

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 2

(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 at 9 m. the date above stated

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

(Signed) Miriam Gray

or Miriam Gray Midwife

Given name added from a supplemental report

Address Mexico

771-611-199 (Date of)

Filed Aug 3, 1933 C. E. Wilson Registrar

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the in order of birth stated.