

ARIZONA STATE BOARD OF HEALTH

91

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 30

County Sila 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, Antonia Ortiz { If child is not yet named, make supplemental report, as directed

3. Sex <u>Female</u>	4. Twin, triplet, or other.....	6. Premature Full term.....	7. Legiti- mate.....	8. Date of birth <u>June 13, 1932</u> <small>(Month, day, year)</small>
9. Plural Births	5. Number, in order of birth.....			

9. Full name FATHER <u>Ignacio Ortiz</u>	18. Full maiden name MOTHER <u>Prisida Beaso</u>
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10. Residence (usual place of abode) <small>(If nonresident, give place and State)</small> <u>Hayden</u>	19. Residence (usual place of abode) <small>(If nonresident, give place and State)</small> <u>Hayden</u>
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11. Sex or race <u>Mex</u>	12. Age at last birthday <u>32</u> (Years)	20. Color or race <u>Mex</u>	21. Age at last birthday <u>33</u> (Years)
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13. Birthplace (city or place) <small>(State or country)</small> <u>Redington, Ariz</u>	22. Birthplace (city or place) <small>(State or country)</small> <u>Yuma, Ariz</u>
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OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19____	OCCUPATION 18. Full maiden name MOTHER <u>Prisida Beaso</u> 19. Residence (usual place of abode) <u>Hayden</u> 20. Color or race <u>Mex</u> 21. Age at last birthday <u>33</u> (Years) 22. Birthplace (city or place) <u>Yuma, Ariz</u> 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> 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 _____, 19____ 26. Total time (years) spent in this work _____
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27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 0

28. If stillborn, period of gestation..... { months or weeks } 29. Cause of stillbirth..... { Before labor or During labor } _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6:20 p.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 H. Hurd Midwife

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

Address Hayden, Ariz
Filed June 15, 1932 W.T.T. Registrar

169-613-226 Registrar