

ARIZONA STATE BOARD OF HEALTH

State File No. 39  
Registered No. 21

1. PLACE OF BIRTH

County Sila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruriquita Ortega (If child is not yet named, make supplemental report, as directed)

3. Sex Female 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legit. Yes 8. Date of birth June 28, 1932  
(Month, day, year)

9. Full name of FATHER Estanislau Ortega 18. Full maiden name of MOTHER Ruriquita Saggio  
10. Residence (usual place of abode) Hayden 19. Residence (usual place of abode) Hayden  
(If nonresident, give place and State) (If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 50 (Years) 20. Color or race Mex 21. Age at last birthday 43 (Years)

13. Birthplace (city or place) Carnacion 22. Birthplace (city or place) San Diego  
(State or country) (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labour</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housewife, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as mill, sawmill, bank, etc. <u>Copper Mill</u>		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 _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent 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 10 (b) Born alive but now dead 1 (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 or stillborn) at 6:30 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 R. Hunt Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Hayden, Arizona

Filed June 29, 1932 Registrar W.D. Papp

561-628-522

WRITE PLAINLY WITH UNFAADING INK—THIS IS A PERMANENT RECORD  
more than one child at a birth, a SEPARATE RETURN must be made for each, and a number in order of birth stated.  
N. B.—In case