Original Blank supplied MH Vlojas by H Crawford

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

84

State File No. 169

Registered No.

1. PLACE OF BIRTH

County: Gila

State:

Township: Miami

City:

or Village: Hackey Camp 1 mile west of Miami

No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

Ward

2. Full name of child: Rosa Rojas

(If child is not yet named, make supplemental report as directed)

3. Sex: Female

If plural births: 4. Twin, triplet, or other: 5. Number in order of birth:

6. Premature: Full term:

7. Legitimate:

8. Date of birth: July 8, 1932 (Month, day, year)

FATHER

9. Full name: Paulino Rojas

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

11. Color or race: White

12. Age at last birthday: 37 (Years)

13. Birthplace (city or place): Santander (State or country): Spain

OCCUPATION

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.: Miner

16. Date (month and year) last engaged in this work: , 19

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

MOTHER

18. Full maiden name: Rosa Frazimi

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

20. Color: White

21. Age at last birthday: 25 (Years)

22. Birthplace (city or place): Dawson (State or country): New Mexico

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.: Housewife

25. Date (month and year) last engaged in this work: , 19

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: 4 (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 or stillborn) at 12:10 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) Treson D. Brayton, M.D.

or , Midwife

Address Miami Arizona

Given name added from a supplemental report (Date of)

Registrar.

Filed July 26, 1932, C. E. Adams Registrar.

993-0708-962

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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