

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 93A  
 Registered No. 206

1. PLACE OF BIRTH

County Pima State \_\_\_\_\_  
 Township \_\_\_\_\_  
 City Marina 3334 Lomas Ave Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME in stead of street and number)

2. Full name of child Rachael Magana If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Weight 14 1/2 8. Date of birth July 13 32  
Full term \_\_\_\_\_ Month, day, year

9. Full name Jose Magana FATHER

18. Full maiden name Maria Regas MOTHER

10. Residence (usual place of abode) Marina  
(If nonresident, give place and state)

19. Residence (usual place of abode) Marina  
(If nonresident, give place and state)

11. Color Mex 12. Age at last birthday 28 (Years)

20. Color Mex 21. Age at last birthday 21 (Years)

13. Birthplace (city or place) Mexico  
(State or country)

22. Birthplace (city or place) Mexico  
(State or country)

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

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

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

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

16. Date (month and year) 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 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 or stillborn) \_\_\_\_\_ m. on the date above stated

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

(Signed) Melton D. Brantley Midwife

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

Address Marina

Filed Oct 10, 1932

Registrar.

Registrar.

941-0713-452

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 number of each in order of birth stated.