ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 95
Registered No. 32

1. PLACE OF BIRTH

County Gila 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 Juanita Nuñez. { 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? Yes | 8. Date of birth July 14, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name Salvador Nuñez	18. Full maiden name Carmina Sequieros
10. Residence (usual place of abode) (If nonresident, give place and State) Hayden	19. Residence (usual place of abode) (If nonresident, give place and State) Hayden
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 30 (Years)	21. Age at last birthday 26 (Years)
13. Birthplace (city or place) Morela (State or country) Michoacan	22. Birthplace (city or place) Nogales (State or country) Ariz
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife
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

OCCUPATION

27. Number of children of this mother At time of this birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead 2 (c) Stillborn

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 00 A 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 K Hunter M. D.
or ....., Midwife
Address Hayden Ariz
Filed July 16, 1932 W B Dyer Registrar.

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

..... Registrar.

159-0714-32.2