ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 100 A

Registered No. 186

1. PLACE OF BIRTH

County Gila State Arizona

Township ..... or Village P. O. Box 1634 - Miami

City Miami No. 15 Davis Canon St. ..... Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus Vega { If child is not yet named, make supplemental report, as directed

3. Sex Male | 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 20, 1932 (Month, day, year)

FATHER

9. Full name Jesus Vega

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

11. Color or race Mex | 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Clifton Arizona (State or country)

OCCUPATION

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

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

MOTHER

18. Full maiden name Isabelle Ruiz

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

20. Color or race Mex | 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Sonora (State or country) Mex.

OCCUPATION

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

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 .....

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 - (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 (Born alive or ~~stillborn~~) at 12 15 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) Cyril M. Cron M.D., M.D.

or ..... Midwife

Address Miami - Arizona

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

Filed Oct. 6, 1932 C. E. Irvin Registrar.

..... Registrar.

151-0720-999