

ARIZONA STATE BOARD OF HEALTH

State File No. **303**

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

Registered No. **37**

1. PLACE OF BIRTH

County Sila 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 Mary Dolores Bogus { If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other _____ 6. Premature _____ 7. Length 18 8. Date of birth July 22, 32
(If plural births) 6. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name Arturo Bogus FATHER
10. Residence (usual place of abode) Bogus Arizona
(If nonresident, give place and State)
11. Color White 12. Age at last birthday 39 (Years)
13. Birthplace (city or place) Bogus Arizona
(State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Auto
16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name Licia Cortez MOTHER
19. Residence (usual place of abode) Bogus Arizona
(If nonresident, give place and State)
20. Color White 21. Age at last birthday 15 (Years)
22. Birthplace (city or place) Yuma Arizona
(State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

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 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 on the date above stated
(Born alive or stillborn)
{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. } (Signed) Charles Hartz, M. D.
or _____ Midwife
Given name added from a supplemental report _____ (Date of) _____
Address Hayden Arizona
Filed July 23, 1932 Registrar

42.9-0722-169

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