

# ARIZONA STATE BOARD OF HEALTH

177

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 177  
Registered No. 1780

County Maricopa State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Phoenix No. Booker T. Wash. Hospital Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marcelina Quisone (If child is not yet named, make supplemental report, as directed)

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature <u>yes</u> Full term	7. Legitimate	8. Date of birth <u>7-6-1932</u> <small>(Month, day, year)</small>
5. Number, in order of birth <u>1</u>					

9. Full name FATHER  
Fred Quisone

18. Full maiden name MOTHER  
Marcelina Garcia

10. Residence (usual place of abode) 114 North Ash St  
(If non-resident, give place and State)

19. Residence (usual place of abode) 114 North 17th St  
(If non-resident, give place and State)

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

20. Color or race Mex 21. Age at last birthday 38 (Years)

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

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

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

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\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 8 (b) Born alive but now dead 3 (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 at 11:00 A.M. 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) W.C. HACKETT D. \_\_\_\_\_  
Midwife

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

Address 216 East Washington  
Filed 7-26-1932 W.C. Hackett Registrar

FEMALE EXAMINER WILL UNLESS SHE HAS AS A FURNISHED DOCUMENT 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.

489-0706-1771