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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1150

Registered No. 210

1. PLACE OF BIRTH

County Gila State ARIZONA

Township or Village

City Miami No. St. Ward

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

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

3. Sex Male

If plural births: 4. Twin, triplets, or other 5. Number, in order of birth

6. Premature Full term

7. Is mother married? Yes

8. Date of birth August 29, 19 32 (Month, day, year)

FATHER

9. Full name Bernardo Banuelos

10. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona

11. Color or race Mex.

12. Age at last birthday 30 (Years)

13. Birthplace (city or place) Jerez Zacatecas (State or Country) Mexico

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Feliciana Medina

19. Residence (usual place of abode) (If non-resident, give place and State) Miami, Arizona.

20. Color or race Mex.

21. Age at last birthday 30 (Years)

22. Birthplace (city or place) Globe (State or Country) Arizona.

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 6 (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months or weeks

29. Cause of stillbirth During labor Before 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 9 A.M. m. on the date above stated

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

(Signed) Inez Orta Mother of Parent M. D.

or Mrs Bryan Cox midwife, Midwife

Address Harry Phynson Julia Pace Phoenix

Given name added from supplemental report Dec 1936 (Date of)

422-82-641

Filed Dec. 15, 1936 C. M. Crow Registrar

Registrar.