

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 92

Registered No. 171

1. PLACE OF BIRTH

County Gila State Arizona
 Township _____ or Village _____
 City Miami No. 3019 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Remedios Carbajal If child is not yet named, make supplemental report, as directed

3. Sex male If plural births 4. Twin, triplet, or other 1st 5. Number, in order of birth 1st 6. Premature Full term _____ 7. Legitimate yes 8. Date of birth Sept. 7, 1932
(Month, day, year)

9. Full name Jesus Carbajal **FATHER**
10. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)

18. Full maiden name Carmen Garcia **MOTHER**
19. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)

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

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

13. Birthplace (city or place) Durango Mex
(State or country)

22. Birthplace (city or place) Guanajuato Mex
(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 _____

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 _____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (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 at 10 A. m. on the date above stated
(Born alive or stillborn)

(Signed) Cyril M. Brown, M.D. M. D.

or _____ Midwife

Address Miami - Arizona

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

Given name added from a supplemental report _____ (Date of) 933-907-3711

Registrar

REMAIN RECEIVED FOR BINDING
 THIS IS A PERMANENT RECORD
 IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF