

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 94
Registered No. 40

1. PLACE OF BIRTH

County Pima State Arizona
Township _____ or Village _____
City Apache St. _____ Ward _____

2. Full name of child Manuel Romero
If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other.....	6. Premature Full term.....	7. Legiti- mate <u>Yes</u>	8. Date of birth <u>Sept 13, 1922</u> (Month, day, year)
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6. Full name FATHER <u>Manuel Romero</u>	18. Full maiden name MOTHER <u>Edoyn Hurtado</u>
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10. Residence (usual place of abode) (If nonresident, give place and State) <u>Phoenix, Arizona</u>	19. Residence (usual place of abode) (If nonresident, give place and State) <u>Phoenix, Arizona</u>
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11. Color of face <u>White</u>	12. Age at last birthday <u>22</u> (Years)	20. Color of face <u>White</u>	21. Age at last birthday <u>25</u> (Years)
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13. Birthplace (city or place) (State or country) <u>Spain</u>	22. Birthplace (city or place) (State or country) <u>Spain</u>
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OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>labor</u> 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. <u>housewife</u> 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____
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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 _____

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 _____ at _____ 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 Smith M.D.

Given name added from a supplemental report _____ (Date of) _____
496-913-546

or (Signed) _____ Midwife
 Address _____
 Filed Sept 14, 1922 Registrar _____

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 BIRTH STATED.