

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **96**
Registered No. **204**

1. PLACE OF BIRTH

County **Gila** State **Arizona**
Township **Maricopa** City **Phoenix**
No. **1131** of Vill. **Sullivan St**
Ward **1**

2. Full name of child, **Richard Mortimer**
(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

Sex **Male** If plural births 4. Twin, triplet, or other 6. Premature 7. Legit. 8. Date of birth **Sept 14 1932**
5. Number, in order of birth Full term (Month, day, year)

9. Full name FATHER **Jose Martiney** MOTHER **Rufina Dominguez**

10. Residence (usual place of abode) **Phoenix** 19. Residence (usual place of abode) **Phoenix**
(If nonresident, give place and State)

11. Color of hair **Dark** 12. Age at last birthday **37** (Years) 20. Color of eyes **Dark** 21. Age at last birthday **29** (Years)

13. Birthplace (city or place) **Mexico** 22. Birthplace (city or place) **Mexico**
(State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
	16. Date (month and year) engaged in this work		25. Date (month and year) last engaged in this work
	17. Total time (years) spent in this work		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 **4** (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 **born alive** at **7:00** p.m. on the date above stated

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

(Signed) **Nelson S. King**

or **Mary King** Midwife

Address **Phoenix**

Filed **Oct 10 1932** Registrar **W. C. King**

Given name added from a supplemental report (Date of) **949-914-931**

Registrar

ALL OCCASION OF BIRTH STATED