

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 100
Registered No. 196

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Miami No. 25 Stover Canon St. _____ Ward _____

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

3. Sex male If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? yes
8. Date of birth Sept. 17, 1938
(Month, day, year)

9. Full name FATHER Benito Simon

18. Full maiden name MOTHER Ramona De La Cruz

10. Residence (usual place of abode) Secopa-Cal.
(If nonresident, give place and State)

19. Residence (usual place of abode) Miami-Ariz.
(If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 38 (Years)

20. Color or race Mex 21. Age at last birthday 31 (Years)

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

22. Birthplace (city or place) Jalisco Mex
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

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) last 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 9 (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 3 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) Cyril M. Brown, M.D. M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife
Address Miami - Arizona

Filed Oct. 6, 1938 C. H. Irvine Registrar

Registrar

MARGIN RESERVED FOR BINDING
RITE 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.

235-917-949