

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State File No. **106**
Registered No. **42**

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Pima State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in hospital or institution, give its NAME instead of street and number)

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

3. Sex F 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate? Yes
8. Date of birth Sept 21 1952
(month, day, year)

9. Full name of FATHER Alejo Lujan
10. Residence (usual place of abode) Hayden
(If non-resident, give place and State)
11. Color of face Wax 12. Age at last birthday 29 (Years)
13. Birthplace (city or place) Magdalena
(State or country) Luzon
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 _____ 17. Total time (years) spent in this work _____

18. Full name of MOTHER Carmen Montano
19. Residence (usual place of abode) Hayden
(If non-resident, give place and State)
20. Color of face Wax 21. Age at last birthday 24 (Years)
22. Birthplace (city or place) Magdala
(State or country) Philippines
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 _____ 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 2 (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 **420**

I hereby certify that I attended the birth of this child, who was _____ at _____ 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) Charles R. Hunt M.D.

Given named added from a supplemental report _____ (Date of) _____
or _____, Midwife
Address Hayden Arizona
Filed Sept 24 1952 W.D. Hunt
Registrar. Registrar.

335-921-346