

MARGIN RESERVED FOR BINDING

WRITE 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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148
Registered No. 203

1. PLACE OF BIRTH

County Gila State _____
Township Manuel or Village _____
City Manuel No. 708 Church Hill Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Joseph Trujillo { If child is not yet named, make supplemental report, as directed

Sex Male If plural Births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate _____ 8. Date of Birth Sept 27, 1932
5. Number, in order of birth _____ Full term _____

9. Full name of FATHER Rafugio Trujillo

16. Full maiden name of MOTHER Agustina Bernal

10. Residence (usual place of abode) (If nonresident, give place and State) Manuel

19. Residence (usual place of abode) (If nonresident, give place and State) Manuel

11. Color of hair Black 12. Age at last birthday 40 (Years)

20. Color of face Black 21. Age at last birthday 38 (Years)

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

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

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

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer, 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 6 (b) Born alive but now deceased 5 (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 or stillborn) _____ 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 D. B. Taylor M. D.
or Manuel Lopez Midwife

Given name added from a supplemental report _____ (Date of) _____
136 - 927 - 123

Address _____
Filed Oct 10, 1932 Le. G. Jim Registrar