

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 986
Registered No. 234

1. PLACE OF BIRTH

County Gila State Arizona
Township _____
City Miami No. P.O. Box 552, Claypool, Ariz. or Village _____
City _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ruben George Rivera
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 Oct. 28, 1932
(Month, day, year)

9. Full name Pedro Rivera FATHER
10. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)
11. Color or race Mex. 12. Age at last birthday 31 (years)
13. Birthplace (city or place) Chihuahua Mex.
(State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
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 _____, 19____

18. Full maiden name Manuela Hernandez MOTHER
19. Residence (usual place of abode) Miami Arizona
(If nonresident, give place and State)
20. Color or race Mex. 21. Age at last birthday 31 (years)
22. Birthplace (city or place) Presidio, Texas
(State or country)
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 _____, 19____

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 _____ (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 P. 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.
or _____ Midwife
Given name added from a supplemental report _____ (Date of) _____
Address Miami, Arizona
Filed Nov 15, 1932
Registrar J. G. [Signature]

991-1028-1489

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.