

ARIZONA STATE BOARD OF HEALTH

76

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. ....

Registered No. 73

County Gila

State Arizona

Township

or Village

City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Lena Marquez (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)

3. Sex <u>F</u>	If plural births	4. Twin, triplet, or other	5. Number, in order of birth	6. Premature Full term	Legitimate? <u>Yes</u>	8. Date of birth <u>Nov 6 1932</u> (Month, day, year)
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9. Full name FATHER Pasqual Marquez

18. Full maiden name MOTHER Maria Vico

10. Residence (usual place of abode) (If non-resident, give place and state) Hayden

19. Residence (usual place of abode) (If non-resident, give place and state) Hayden

11. Color or race Mex 12. Age at last birthday 39 (Years)

20. Color or race Mex 21. Age at last birthday 32 (Years)

3. Birthplace (city or place) (State or country) Hayden Mex, Mex

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

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

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

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. nil

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

7. 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 dead (c) Stillborn

8. 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 \_\_\_\_\_ at 4:30 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 H. Hunt M.D.

Even named added from supplemental report 349-1106-459 (Date of)

or \_\_\_\_\_ Midwife

Address Hayden Arizona

Registrar.

Filed Nov 9 1932 Registrar.