81

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 237

Registered No.

1. PLACE OF BIRTH

County Gila State

Township Miami or Village

City Miami No. 7 & 8 Church Hill St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Female | 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 Nov 9, 1932 (Month, day, year)

9. Full name FATHER Castor P Calvo

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

11. Color White | 12. Age at last birthday 38 (Years)

13. Birthplace (city or place) (State or country) Spain

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. Miner

16. Date (month and year) last engaged in this work ....., 19....

17. Total time (years) spent in this work

18. Full name MOTHER Dolores Parado

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

20. Color Mex | 21. Age at last birthday 30 (Years)

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

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's office, silk mill Housewife

25. Date (month and year) last engaged in this work ....., 19....

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 4 (b) Born alive but now dead 0 (c) Stillborn 0

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 ..... at 12 P 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) Nelson D Brayton M. D.

or ..... Midwife

Address Miami

Given name added from a supplemental report 136-1109-476 (Date of)

Filed Nov 15, 1932 C. E. Jones Registrar

Registrar

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.

...RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD