

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 201  
Registered No. 243

1. PLACE OF BIRTH

County Gila State Arizona  
Township Mission or Village San Carlos  
City Siburco No. 106 St. San Carlos Ward San Carlos  
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Siburco Rivallo If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births None 4. Twin, triplet, or other None 6. Premature None  
5. Number in order of birth 1 Full term Yes Date of birth Nov 25, 1932  
(Month, day, year)

0. Full name FATHER Siburco Rivallo MOTHER Antonina Padern

10. Residence (usual place of abode) Mission 18. Residence (usual place of abode) Mission  
(If nonresident, give place and State)

11. Color of hair Black 12. Age at last birthday (Years) 2 20. Color of eyes Blue 21. Age at last birthday (Years) 2

13. Birthplace (city or place) Mission 22. Birthplace (city or place) Mexico  
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None  
15. Industry or business in which work was done, as silk mill, sawmill, bank None 24. Industry or business in which work was done, as own home, lawyer's office, etc. None  
16. Date (month and year) last engaged in this work None 17. Total time (years) spent in this work None 25. Date (month and year) last engaged in this work None

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 0 (c) Stillborn 0

28. If stillborn, period of gestation 6 3/4 months or weeks 29. Cause of stillbirth None Before labor None During labor None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }  
Paul R. Taylor, M.D.

Given name added from supplemental report 396-1105-111 (Date of) Nov 30, 1932 or Mission Midwife

Address Mission Registrar Paul R. Taylor  
Filed Nov 30, 1932 Registrar Paul R. Taylor

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.