

ARIZONA STATE BOARD OF HEALTH

99

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

County Gila State _____

Township _____ or Village _____

City Winkelman St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Dec 12 1932</u> (Month, day, year)
		5. Number, in order of birth	Full term		

9. Full name of FATHER Ramon Montez

18. Full maiden name of MOTHER Adeline Lopez

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

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

11. Color of hair Dark

20. Color of eyes Grey

12. Age at last birthday 28 (Years)

21. Age at last birthday 24 (Years)

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

22. Birthplace (city or place) Christmas
(State or country) Quiz

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

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

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

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 1 (b) Born alive but now dead _____ (c) Stillborn 2

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 6:40 m. on the date above stated (Born alive 4)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Charles H. Heston M.D.

Given named added from a supplemental report _____ (Date) 945-1212-139
Registrar.

or _____ Midwife
Address Hayden Ave
Filed Jan 4th 1933 P. H. Heston Registrar.