

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **100**
Registered No. **255**

1. PLACE OF BIRTH

County Buenavista State Arizona
Township Mogensen or Village
City St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Julian Sautoval

and is not yet named, make supplemental report, as directed

3. Sex Male plus twins 4. Twin, triplet, or other 5. Premature 7. 8. Date of birth Dec 12 1932
(Month, day, year)

9. Full name of FATHER Leon Sautoval MOTHER Josephine Apodaca

10. Residence (usual place of abode) 11. Residence (usual place of abode)
(If nonresident, give place and State)

12. Age at last birthday 36 (Years) 20. Color of hair Black 21. Age at last birthday 18 (Years)

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

<p>14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u> </u></p> <p>15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u> </u></p> <p>16. Date (month and year) last engaged in this work <u> </u></p> <p>17. Total time (years) spent in this work <u> </u></p> <p>18. Date (month and year) last engaged in this work <u> </u></p> <p>19. Total time (years) spent in this work <u> </u></p>	<p>23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u> </u></p> <p>24. Industry or business in which work was done, as tailor, doctor, lawyer, etc. <u> </u></p> <p>25. Date (month and year) last engaged in this work <u> </u></p> <p>26. Total time (years) spent in this work <u> </u></p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn, period of gestation months or weeks 29. Cause of death
 Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

(Signed) Neen D. Brantley M.D. Midwife

Given name added from a supplemental report (Date of)
123-1212-111

Address Filed Jan 9, 1933 Registrar

MARGIN RESERVED FOR LINEN. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and number of each in order of birth stated.