

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 105  
Registered No. 247

1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesus De La Paz  
(If child is not yet named, make supplemental report, as directed)

3. Sex <u>male</u>	4. Twin, triplet, or other..... 5. Number, in order of birth.....	6. Premature ..... Full term.....	7. Legiti- mate <u>yes</u>	8. Date of birth <u>Dec 17</u> , 19 <u>32</u> (Month, day, year)
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9. Full name FATHER  
Francisco De La Paz

16. Full maiden name MOTHER  
Concepcion Merced

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

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

11. Color or race Mex 12. Age at last birthday 35 (Years)

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

13. Birthplace (city or place) Jalisco Mex.  
(State or country)

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

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining  
16. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
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 3, (b) Born alive but now dead 1, (c) Stillborn \_\_\_\_\_

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 born alive at 3<sup>45</sup> p.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) Cyril M. Brown, M. D.

Given name added from a supplemental report. \_\_\_\_\_ (Date of) \_\_\_\_\_  
149-1217-342 Registrar.

or \_\_\_\_\_ Midwife  
Address Miami, Arizona  
Filed Jan 15, 1933 J. E. Osburn Registrar.

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