ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 70-12

Registered No. 25

Arizona

1. PLACE OF BIRTH

County Gila State Arizona

Township Gila Co Village

City No. 170 Dairy Canon Ward

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

2. Full name of child Robert Gallegos [If child is not yet named, make supplemental report, as directed]

3. Sex Girl | Plural births: 4. Twin, triplet, or other ____ 5. Number in order of birth ____ | 6. Premature ____ Full term Yes | 8. Date of birth January 1, 1933 (Month, day, year)

FATHER

9. Full name Tony Castaneda

10. Residence (usual place of abode) (If non-resident, give place and state) Gila County

11. Color or race Mex | 12. Age at last birthday 24 (Years)

13. Birthplace (city or place) Aguascalientes (State or country) New Mexico

OCCUPATION

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

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

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

17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Canoya Gallegos

19. Residence (usual place of abode) (If non-resident, give place and state) Gila County

20. Color or race Mex | 21. Age at last birthday 19 (Years)

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

OCCUPATION

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

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

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 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 born alive or stillborn at 8 p. m. on the date above stated

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

(Signed) Elson N Brayton, M. D. or Midwife

Address Miami Ariz

Filed 7/14, 1934 Lucia B. Hyde Registrar

Given name added from a supplemental report 972-01-0972 (Date of)

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 added.