

ARIZONA STATE BOARD OF HEALTH

71

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 1-135

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

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

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth Jan 3 1935
(Month, day, year)

9. Full name of FATHER Francisco Mariscal 10. Residence (usual place of abode) Rayton
(If non-resident, give place and State) 11. Color of eyes Brown 12. Age at last birthday 57 (Years)
13. Birthplace (city or place) Mazatlan 14. Residence (usual place of abode) Rayton
(If non-resident, give place and State) 15. Color of hair Black 16. Age at last birthday 31 (Years)

17. Birthplace (city or place) Mazatlan 18. Birthplace (city or place) San Miguel
(State or country) Mexico (State or country) San Miguel

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
21. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper smelter 22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
23. Date (month and year) last engaged in this work 12-1932 24. Total time (years) spent in this work 18
25. Date (month and year) last engaged in this work 12-1932 26. Total time (years) spent in this work 10

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 _____
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 5:20 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) Charles B. Smith, M.D.
or _____ Midwife
Address Rayton
Filed Jan 4, 1935 Registrar W. J. ...

Given named added from supplemental report
(Date of) 1-3-35
Registrar 143-103-135