

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 74

Registered No. _____

1. PLACE OF BIRTH

County Gila

State Ariz

Township _____

or Village _____

City Hempden (Of birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Juan Rodolfo Machado (If child is not yet named, make supplemental report, as directed)

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

9. Full name of FATHER Juan Machado

10. Full name of MOTHER Agnes Espacia

11. Color of hair Brown

12. Residence (usual place of abode) Hempden (If non-resident, give place and state)

13. Color of eyes Blue

14. Age at last birthday 26 (Years)

15. Birthplace (city or place) Arizona (State or country)

16. Birthplace (city or place) Yuma (State or country)

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

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

19. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

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

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

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

23. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____

24. If stillborn, period of gestation _____ months or weeks _____ 25. 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 11:00 a.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 M. Hunt M.D.

If named added from supplemental report _____ (Date of) _____

or _____ Midwife

Address Hempden Ariz Filed Feb 9 1935 Registrar _____ Registrar _____

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