

ARIZONA STATE BOARD OF HEALTH

#76

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 2-933

County Gila State Arizona
Township Hayden or Village _____
City _____ St. _____ Ward _____

2. Full name of child Jose Sagun (If birth occurred in a hospital or institution, give its NAME instead of street and number) 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 June 11, 1923 (Month, day, year)

9. Full name FATHER
Jose Sagun

15. Full name MOTHER
Anna Gutierrez

10. Residence (usual place of abode) Hayden, Ariz. (If non-resident, give place and State)

19. Residence (usual place of abode) Hayden, Ariz. (If non-resident, give place and State)

11. Color or race Mex. 12. Age at last birthday 44 (years)

20. Color or race Mex. 21. Age at last birthday 34 (years)

13. Birthplace (city or place) Juarez, Mexico (State or country)

22. Birthplace (city or place) Phoenix, Ariz. (State or country)

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

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

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

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

16. Date (month and year) last engaged in this work 1-11-1923

25. Date (month and year) last engaged in this work 1-11-1923

27. Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living 5 (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 3:30 P. m. on the date above stated (If stillborn)

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

(Signed) Charles B. Huston, M.D.

Given named added from supplemental report _____ (Date of)

or Hayden, Arizona Midwife

Address Lawyer, 1923 2nd St. Registrar.

Registrar.

132-111-449