ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 83

Registered No. 4

County Gila State Arizona

Township _____ or Village _____

City Hayden No. _____ St. _____ Ward

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

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

3. Sex Female | If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ | 6. Premature _____ Full term x | 7. Legitimate? _____ | 8. Date of birth January 17th, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Jose Romero	18. Full maiden name Carmen Sierras
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona	19. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 33 (Years)	21. Age at last birthday 31 (Years)
13. Birthplace (city or place) (State or country) La Colorafo Sonora, Mexico	22. Birthplace (city or place) (State or country) Tucson Arizona
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Repairman	OCCUPATION: 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. Copper Concentrator	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 April 30, 1930	25. Date (month and year) last engaged in this work Jan 17th, 1933
17. Total time (years) spent in this work 7	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 7 (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 (Born alive or stillborn) at 3.00 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) Jose M. Romero M.D.

or Father Midwife

Address Hayden, Arizona

Given named added from supplemental report _____ (Date of)

896-117-322

Registrar.

Filed Jan. 18th, 1933 [signature] Registrar.