

ARIZONA STATE BOARD OF HEALTH

State File No. 94

BUREAU OF VITAL STATISTICS

Registered No. 7

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County Pima State Ariz
 Township _____ or Village _____
 City Hayden St. _____ Ward _____

2. Full name of child Lawrence Braro
(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 If plural births _____ 4. Twin, triplet, or other _____ 5. Premature _____ 6. Legitimate? Yes 7. Date of birth Jan 27 1933
Number, in order of birth _____ Full term _____ (Month, day, year)

8. Full name of FATHER Lawrence Braro

9. Full name of MOTHER Francis Gurra

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

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

12. Age at last birthday 4 (Years)

13. Age at last birthday 4 (Years)

14. Birthplace (city or place) Potomac
(State or country) Ariz.

15. Birthplace (city or place) Manmouth
(State or country) Ariz

16. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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

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

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

20. Date (month and year) last engaged in this work _____

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

22. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 0 (c) Stillborn 0

23. If stillborn, period of gestation _____ months or weeks _____ 24. 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 _____ m. on the date above stated
(Born alive or stillborn)

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

(Signed) Charles H. Heston, M.D.
 or _____ Midwife

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

Address Hayden Ariz
 Filed Jan 28 1933 Registrar.

Registrar.

326-127-676