ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 66

Registered No. 13

1. PLACE OF BIRTH

County Gila State

Township Miami or Village

City Miami No. 36 Bronson Canon Ward

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

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

3. Sex Male | If plural births: 4. Twin, triplet, or other ___ 5. Number, in order of birth ___ | 6. Premature ___ Full term ___ | 7. Legitimate? Yes | 8. Date of birth Feb 1, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Jesus Jimmy	18. Full name Margarita Roma
10. Residence (usual place of abode) (If nonresident, give place and state) Miami	19. Residence (usual place of abode) (If nonresident, give place and state) Miami
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 33 (Years)	21. Age at last birthday 24 (Years)
13. Birthplace (city or place) (State or country) Mexico	22. Birthplace (city or place) (State or country) Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as sawmill, [illegible] Unemployed	24. Industry or business in which work was done, as own home, lawyer's office, sill [illegible] housewife
16. Date (month and year) last engaged in this work ___, 19__	25. Date (month and year) last engaged in this work ___, 19__
17. Total time (years) spent in this work ___	26. Total time (years) spent in this work ___

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 14

28. If stillborn, period of gestation 6½ months or weeks | 29. Cause of stillbirth Don't Know | Before labor ___ During labor ___

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3:45 pm (Born alive or stillborn) on the date above stated

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

(Sign) Gilson D Brayton, M.D.

or ___ Midwife

Address Miami Ca

Filed Feb 2, 1933 C. E. [illegible] Registrar.

Given name added from a supplemental report ___ (Date of)

019-201-4-91 Registrar.