ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 696

Registered No.

County Gila State Arizona

Township or Village

City Christmas No. St. Ward

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

2. Full name of child Albert Cabrera (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 Feb 4, 1933 (Month, day, year)

FATHER

9. Full name Julio Cabrera

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

11. Color or race Mex | 12. Age at last birthday 39 (Years)

13. Birthplace (city or place) Pacajari (State or country) Sonora Mex

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

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

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Malia Apodaca

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

20. Color or race Mex | 21. Age at last birthday 27 (Years)

22. Birthplace (city or place) Canaried (State or country) Sor. Mex

OCCUPATION

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

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

25. Date (month and year) last engaged in this work, 19

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 6 (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 10:30 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.)

When named added from supplemental report (Date of)

131-204-477 Registrar.

X (Signed) Patricia Escalante M.D. or Midwife

Address Christmas

Filed March 28 1933 O. H. Hutton Registrar.