ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 266

Registered No.

1. PLACE OF BIRTH

County Gila

Township

City Miami

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

Ward

2. Full name of child Mary Santeyn

(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 ____

7. Legitimate Yes

8. Date of birth Feb 1933 (Month, day, year)

FATHER

9. Full name Eusebio Santeyn

10. Residence (usual place of abode) (If nonresident, give place and State) Miami

11. Color or race Wht

12. Age at last birthday 39 (Years)

13. Birthplace (city or place) Mex Co (State or country)

OCCUPATION

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

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

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Refugio Marin

19. Residence (usual place of abode) (If nonresident, give place and State) Miami

20. Color Wht

21. Age at last birthday 32 (Years)

22. Birthplace (city or place) Mexico (State or country)

OCCUPATION

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

24. Industry or business in which work was done, as farm, home, Lawyer's office, 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 5 (b) Born alive but now dead 7 (c) Stillborn 3

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 on the date above stated at 2:30 a.m.

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

(Signed) Nurse Brantley M. D.

or ____ Midwife

Address Miami Ariz

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

421-302-941

Registrar.

Filed 2/21 ____ 33 C. H. Jenkins Registrar.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.