1. PLACE OF BIRTH

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 8300

Registered No. 78

County Gila State ARIZONA

Township or Village

City Globe No. Gila County Hospital Ward

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

2. Full name of child George Quezada (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 Yes | 7. Is mother married? Yes | 8. Date of birth March 14, 1933 (Month, day, year)

**FATHER**

9. Full name Ramon Quezada

10. Residence (usual place of abode) (If non-resident, give place and State) Globe, Ariz.

11. Color or race Mex. 12. Age at last birthday 26 (Years)

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

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

15. Industry or business in which work was done, as silk mill, sawmill, 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 Estella Sofia Gomez

19. Residence (usual place of abode) (If non-resident, give place and State) Globe, Ariz.

20. Color or race Mexican 21. Age at last birthday 18 (Years)

22. Birthplace (city or place) El Paso (State or country) Tex.

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 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 ____

Number of children of this mother at time of this birth and including this child: (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation ____ months or weeks 28. 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 4 P.M. on the date above stated

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

(Signed) Mechenia Mitto Head Nurse, Gila Co. Hospital, Midwife

Address ____

Filed June 30, 1935 Frank Tippett Registrar.

Date of name added from supplemental report 781-37-579

Frank Tippett Registrar.

10M 2-5-35 Form No. 1 MS