ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 126
Registered No. 22
Arizona

1. PLACE OF BIRTH

County: Gila State: Arizona

Township: or Village:

City: Hayden No. St. Ward

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

2. Full name of child: Pedro Raul Sierras, [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: X | 7. Legitimate? yes | 8. Date of birth: May 10th, 1933 (Month, day, year)

FATHER

9. Full name: Gregorio Valdez Sierras,

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

11. Color or race: Mex | 12. Age at last birthday: 21 (Years)

13. Birthplace (city or place): Mammoth, (State or country): Arizona.

OCCUPATION

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.: Copper Mill

16. Date (month and year) last engaged in this work: March, 1933 | 17. Total time (years) spent in this work: 5

MOTHER

18. Full maiden name: Dominga Peres,

19. Residence (usual place of abode) (If non-resident, give place and State): Hayden, Arizona.

20. Color or race: Mex | 21. Age at last birthday: 19 (Years)

22. Birthplace (city or place): Hayden, (State or country): Arizona.

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.: Home

25. Date (month and year) last engaged in this work: May, 1933 | 26. Total time (years) spent in this work: 2

27. 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

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 (Born alive or stillborn) at 1:50 A.m. on the date above stated

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

Given name added from a supplemental report 722-510-479 (Date of)

(Signed) Charles R Hutchins M. D.
or , Midwife
Address Hayden, Arizona

Filed May 10th, 1933 W. R. Jones Registrar.

Registrar.

BM 3-17-R M8-C