ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

140

State File No. _____
Registered No. _____
Arizona _____

1. PLACE OF BIRTH
County Gila State ARIZONA
Township Winkelman or Village _____
St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rafael Fernandez. 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 Yes | 7. Legitimate? Yes | 8. Date of birth May 22, 1933 (Month, day, year)

9. Full name Rafael Fernandez — FATHER
10. Residence (usual place of abode) (If non-resident, give place and State) Winkelman
11. Color or race Mex. | 12. Age at last birthday 42 (Years)
13. Birthplace (city or place) Pion (State or country) Son, Mex.
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher
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 May, 1933 | 17. Total time (years) spent in this work 1 yr.

18. Full maiden name Eliza Patela — MOTHER
19. Residence (usual place of abode) (If non-resident, give place and State) Winkelman
20. Color or race Mex. | 21. Age at last birthday 21 (Years)
22. Birthplace (city or place) Mammouth (State or country) Ariz.
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife
25. Date (month and year) last engaged in this work May, 1933 | 26. Total time (years) spent in this work 2 yr.

OCCUPATION

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 _____ (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) at 11 45 p 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 supplemental report 969-522-551 (Date of)

(Signed) Charles B. Hutchins M.D. M. D.
or _____ Midwife
Address Hayden Ariz.
Filed June 7th, 1933 P. G. Hutton Registrar.

_____ Registrar.