# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 146 C

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila

Township

City Miami (If born outside city limits give NAME instead of street and number) Ord & Cherry St. W.

2. Full name of child Baby Cisneros (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 7. Full term

8. Legitimate? Yes

9. Date of birth May 30, 1933 (Month, day, year)

FATHER

9. Full name Fred Cisneros

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

11. Color or race Mex 12. Age at last birthday 24 (Years)

13. Birthplace (city or place) Cornillanda (State or country) Ariz

OCCUPATION

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

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 Lora Gunder

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

20. Color or race Mex 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Progreso (State or country) Ariz

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

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 1

28. If stillborn, period of gestation 9 months or weeks

29. Cause of stillbirth asphyxiation during labor Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn (born alive or stillborn) at 7:30 p.m. on the date above stated.

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

(Signed) Cyril M. Brown M.D., M. D.

or, Midwife

Address Miami, Arizona

Given name added from a supplemental report (Date of)

Filed July 17, 1933

Registrar

031-530-349