531

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 122

1. PLACE OF BIRTH

County: Yuma State: Arizona

Township: Yuma or Village: _____

City: Yuma St. _____ Ward _____

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

2. Full name of child: Valentine Quintero (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 11, 1933 (Month, day, year)

FATHER

9. Full name: Valentine Quintero

10. Residence (usual place of abode) (If nonresident, give place and State): Yuma Ariz

11. Color: White | 12. Age at last birthday: 28 (Years)

13. Birthplace (city or place): Yuma (State or country): Ariz

OCCUPATION

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

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

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

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Margaret Avila

19. Residence (usual place of abode) (If nonresident, give place and State): Yuma Ariz

20. Color: White | 21. Age at last birthday: 20 (Years)

22. Birthplace (city or place): Ridlon (State or country): Calif

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: 1

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: None (c) Stillborn: None

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 1 a.m. on the date above stated (Born alive or stillborn)

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

(Signed) Mrs Clara Sanchez, M.D. Midwife

Given name added from a supplemental report 586-511-411 (Date of)

Address: Yuma Ariz

Filed May 12 1933 Mary O'Hy Fierman Registrar.

Registrar.

MARGIN MUST BE KEPT CLEAR FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.