

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 92  
Registered No. \_\_\_\_\_  
Arizona 28

**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 Enriqueta Marinas (If child is not yet named, make supplemental report, as directed)

1. Sex <b>Female</b>	M plural births	4. Twin, triplet, or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Legitimate? <input checked="" type="checkbox"/> <b>Yes</b>	8. Date of birth <u>July 7th</u> , 19 <u>33</u> <small>(Month, day, year)</small>
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9. Full name **FATHER**  
Francisco Marinas

10. Full maiden name **MOTHER**  
Nieves Estrada

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

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

13. Color or race Mexico 14. Age at last birthday 25 (Years)

15. Color or race Mexico 16. Age at last birthday 21 (Years)

17. Birthplace (city or place) Los Angeles  
(State or country) Sonora, Mexico

18. Birthplace (city or place) La Mesa  
(State or country) Sonora, Mexico

19. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher

20. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

21. Industry or business in which work was done, as silk mill, bank, etc. \_\_\_\_\_

22. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

23. Date (month and year) last engaged in this work July, 1933

24. Date (month and year) last engaged in this work July, 1933

25. Number of children of this mother  
(All time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

26. If stillborn, period of gestation \_\_\_\_\_ months or weeks 27. 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 10:20 P. 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 Charles B. Hutzsch, M. D.

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
or \_\_\_\_\_, Midwife

Address Hayden, Arizona  
Filed July 8th, 1933 \_\_\_\_\_ Registrar.

If more than one child at a birth, a SEPARATE RETURN must be made for each, and this in order of birth status.

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