ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 100

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. 3016 Turkey Street Ward

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

2. Full name of child Gilberto Falquez (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 ____ | 7. Legitimate yes | 8. Date of birth July 12, 1933 (Month, day, year)

FATHER

9. Full name Jesus Falquez

10. Residence (usual place of abode) (If nonresident, give place and State) Miami

11. Color or race Mex 12. Age at last birthday 48 (Years)

13. Birthplace (city or place) Sonora (State or country) Mex

OCCUPATION

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

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

16. Date (month and year) last engaged in this work ____, 19__ 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Guadalupe Gomez

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

20. Color or race Mex 21. Age at last birthday 30 (Years)

22. Birthplace (city or place) Mexico City (State or country) Mex.

OCCUPATION

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

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

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 3 (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 at 2:20 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) Cyril McCrow M.D. M. D. or ____ Midwife

Given name added from a supplemental report ____ (Date of) ____ Registrar.

Address Miami, Arizona.

Filed Aug 10 1933 [illegible] Registrar.

769-712-779

MARGIN RESERVED 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.