ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 101

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State

Township or Village

City Miami No. 41 Church Street St. Ward

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

2. Full name of child Rita Salinas [If child is not yet named, make supplemental report, as directed]

3. Sex Female | 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 June 13, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Rita Salinas	18. Full maiden name Angelita Lopez
10. Residence (usual place of abode) (If non-resident, give place and State) Miami	19. Residence (usual place of abode) (If non-resident, give place and State) Miami
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 30 (Years)	21. Age at last birthday 21 (Years)
13. Birthplace (city or place) (State or country) Mexico	22. Birthplace (city or place) (State or country) Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 19	25. Date (month and year) last engaged in this work 19
17. Total time (years) spent in this work	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 6 (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 or stillborn) at 59 m. on the date above stated

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

(Signed) Nesen D Brayton M. D.

or Midwife

Address Miami Ariz

Filed June 14, 1933 Nesen D Brayton Registrar.

Given name added from a supplemental report (Date of)

Registrar.

SM 8-17-33 MB-47040

922-713-139

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