ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 104

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State

Township Miami Village

City Miami No. 3129 Loomis Cove St. Ward

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

2. Full name of child Othelia Carbajal (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 July 17, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Lazaro Carbajal	18. Full maiden name Santos Reyes
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 24 (Years)	21. Age at last birthday 24 (Years)
13. Birthplace (city or place) (State or country) Durango Mex	22. Birthplace (city or place) (State or country) Chihuahua Mexico
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Miami Floyd	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__ Miami Fr
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 3 (b) Born alive but now dead 1 (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 9 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) Nelson D. Brayton M. D.

or ____ Midwife

Address Miami

Filed July 18, 1933 N. D. Brayton Registrar.

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

Registrar.

SM 8-17-32 345-C048

633-717-292

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.