ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 105

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State

Township or Village

City Miami Ar. No. (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child Joe Gutierrez (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 X | 7. Legitimate? Yes | 8. Date of birth July 18 1933 (Month, day, year)

FATHER

9. Full name Vicente A Gutierrez

10. Residence (usual place of abode) (If non-resident, give place and State) Miami

11. Color or race Mex | 12. Age at last birthday 38 (Years)

13. Birthplace (city or place) (State or country) Jalisco 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.

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

MOTHER

18. Full maiden name Rita Castrillon

19. Residence (usual place of abode) (If non-resident, give place and State) Miami

20. Color or race Mex | 21. Age at last birthday 39 (Years)

22. Birthplace (city or place) (State or country) Durango 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.

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 or stillborn) at 49 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 Miami Arizona Midwife

Address

Filed July 18 1933 R D Brayton Registrar.

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

Registrar.

EM 5-17-32 MS-47048

179-718-935

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