# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 107
Registered No.
Arizona

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Christmas No. St. Ward

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

2. Full name of child Marguerita Sosa [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 20, 1933 (Month, day, year)

FATHER

9. Full name Manuel Sosa

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

11. Color or race | 12. Age at last birthday 34 (Years)

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

OCCUPATION

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

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

16. Date (month and year) last engaged in this work July 20, 1931 | 17. Total time (years) spent in this work 13

MOTHER

18. Full maiden name Henara Saragga

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

20. Color or race | 21. Age at last birthday 28 (Years)

22. Birthplace (city or place) Morenci (State or country) Ariz

OCCUPATION

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

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

25. Date (month and year) last engaged in this work July 31, 1933 | 26. Total time (years) spent in this work 10

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn 1

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 9:30 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) Charles B. Hutton M.D.

or Midwife

Address Hayden Ariz

Filed August 7, 1933 O. T. Hutton Registrar.

Given name added from a supplemental report (Date of)

Registrar.

BM 8-17-32 MR-47048

421-720-821