Brayton
43

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 43
Registered No.
Arizona

1. PLACE OF BIRTH

County Gila State
Township or Village
City Miami No. St. Ward
(If born in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marita Angeles
(If child is not yet named, make supplemental report, as directed)

3. Sex Female | 4. If plural births: Twin, triplet, or other | 5. Number in order of birth | 6. Premature | Full term | 7. Legitimate? Yes | 8. Date of birth Aug 17 1933
(Month, day, year)

FATHER

9. Full name Jose Angeles
10. Residence (usual place of abode) (If non-resident, give place and state) Miami
11. Color or race Mex
12. Age at last birthday 45 (Years)
13. Birthplace (city or place) Leona (State or country) Mexico
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) last engaged in this work 1919
17. Total time (years) spent in this work

MOTHER

18. Full maiden name Dora Lerma
19. Residence (usual place of abode) (If non-resident, give place and state) Miami
20. Color or race Mex
21. Age at last birthday 35 (Years)
22. Birthplace (city or place) Jalisco (State or country) Mexico
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 1919
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 11 (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 Miami on the date above stated.

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

(Signed) Nelson O. Bryce M. D.
or Mean of, Midwife
Address Miami
Filed Aug 17 1933 Nelson Bryce Registrar.

Given name added from a supplemental report
(Date)
472-817-1979
Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
Do NOT SEPARATE BULLETIN

IN 8-17-33 MS-4708