ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 90
Registered No.
Arizona 30

1. PLACE OF BIRTH

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

2. Full name of child Procopio Amado, (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 August 22nd, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name Adan Amado,	18. Full maiden name Josephine Torrez,
10. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona,	19. Residence (usual place of abode) (If non-resident, give place and State) Hayden, Arizona,
11. Color or race Mex	20. Color or race Mex
12. Age at last birthday 23 (Years)	21. Age at last birthday 19 (Years)
13. Birthplace (city or place) Twin Buttes, (State or country) Arizona,	22. Birthplace (city or place) Clifton, (State or country) Arizona,
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Operator	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife,
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Concentrator	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home
16. Date (month and year) last engaged in this work March 31, 1933	25. Date (month and year) last engaged in this work August, 1933
17. Total time (years) spent in this work 2	26. Total time (years) spent in this work 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (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 (Born alive or stillborn) at 2:30 A. m. on the date above stated

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

(Signed) [signature] M. D.
or Midwife
Address Hayden, Arizona,
Filed August 23rd, 1933 [signature] Registrar.

Given name added from a supplemental report (Date of)

Registrar.

716-822-139

SM 8-17-32 MS-4708