ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. 95

Registered No.

Arizona

County Gila State Arizona

Township or Village

City Winkelman St. Ward

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

2. Full name of child Esa Westrope (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 Aug 25, 1933 (Month, day, year)

9. Full name FATHER Louis Westrope | 18. Full maiden name MOTHER Matilda Varela

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

11. Color or race Mex | 12. Age at last birthday 38 (Years) | 20. Color or race Mex | 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) Mammoth (State or country) U.S.A. Ariz | 22. Birthplace (city or place) (State or country) Sonora Mex

OCCUPATION

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

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 August, 1933 | 17. Total time (years) spent in this work 1 year

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 August, 1933 | 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 7 (b) Born alive but now dead (c) Stillborn

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 4:40 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. Hirsch M.D. M. D.

or Midwife

Address Hayden Ariz

Filed Sept 15th, 1933 P. L. Hutton Registrar.

Given name added from a supplemental report (Date of)

Registrar.

SM 3-17-32 MS-6708

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