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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 32

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: Rafael Gonzales, (If child is not yet named, make supplemental report, as directed)

3. Sex: Male

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: September 3, 1933 (Month, day, year)

FATHER

9. Full name: Pedro Gonzales

10. Residence (usual place of abode) (If non-resident, give place and state): Hayden, Arizona

11. Color or race: Mex

12. Age at last birthday: 32 (Years)

13. Birthplace (city or place): Leon de la Saldadarios,

(State or country): Guanajuato, Mexico

OCCUPATION

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

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

16. Date (month and year) last engaged in this work: April, 1933

17. Total time (years) spent in this work: 7

MOTHER

18. Full maiden name: Sara Almendaris,

19. Residence (usual place of abode) (If non-resident, give place and state): Hayden, Arizona

20. Color or race: Mex

21. Age at last birthday: 35 (Years)

22. Birthplace (city or place): Chihuahua,

(State or country): Chih. Mexico.

OCCUPATION

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

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

25. Date (month and year) last engaged in this work: Sept., 1933

26. Total time (years) spent in this work: 7

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 1 (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 2.00 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) Charles R. Hurd M.D. M.D.

or _____ Midwife

Address: Hayden, Arizona

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

Registrar

Filed: Sept. 6th, 1933 _____ Registrar

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