

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

1. PLACE OF BIRTH

County Gila State _____
Township _____
City Mesa (If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward _____

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

Sex Male Male Female
3. Single Plural births
4. Twin, triplet, or other
5. Premature
6. Date of birth Sept 17 1933
7. Full term Preterm

8. Full name Klijah Pena
9. FATHER

10. Full maiden name Angelina Madros
11. MOTHER

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

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

14. Color of hair Black

15. Age at last birthday 35 (Years)

16. Birthplace (city or place) Jarisco
(State or country) Mexico

17. Birthplace (city or place) Mexico
(State or country)

18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
19. Industry or business in which work was done, as iron works, sawmill, bank, etc.
20. Date (month and year) last engaged in this work
21. Total time (years) spent in this work

22. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
23. Industry or business in which work was done, as iron works, lawyer's office, mill, etc.
24. Date (month and year) last engaged in this work
25. Total time (years) spent in this work

26. 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 0 (c) Stillborn 0

27. If stillborn, period of gestation _____ months or weeks
28. 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 _____ on the date above stated

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

(Signed) Alonso Branton M. D.
or _____ Midwife

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

Address 1004 Live Oak
Filed Sept 11 1933 Registrar W. K. ...

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

544-911-144