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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

Ward _____

1. PLACE OF BIRTH

County: Gila

Township: _____ State: _____

City: Miami St. No.: 628 Rio Springs Canon

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

2. Full name of child: Lovia Reyes (If child is not yet named, make supplemental report, as directed)

3. Sex: Female

4. Plural births: Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature _____ Full term: Yes

7. Legitimate? Yes

8. Date of birth: Sept 28, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name: Jesus Reyes	18. Full maiden name: Josefa Guasequi
10. Residence (usual place of abode) (If non-resident, give place and state): Miami	19. Residence (usual place of abode) (If non-resident, give place and state): Miami
11. Color or race: Mex	20. Color or race: Mex
12. Age at last birthday: 45 (Years)	21. Age at last birthday: 37 (Years)
13. Birthplace (city or place): Guaquatavi (State or country): Mexico	22. Birthplace (city or place): Sonora (State or country): Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	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.: Mining	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: _____, 19	25. Date (month and year) last engaged in this work: _____, 19
17. Total time (years) spent in this work: _____	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: 2 (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 or stillborn at 7 P on the date above stated

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

(Signed) Nelson D. Brayton M.D.

or _____ Midwife

Address Miami

Filed Sept 28, 1933 Nelson Brayton Registrar.

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

SM 1-C-R MR-C-M

392-928-179

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.