ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 862

Registered No.

Arizona

1. PLACE OF BIRTH

County: Gila

State: Arizona

Township:

City: Miami

No. 32 St. Louis Ave. Ward

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

2. Full name of child: Maria Rocha

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

3. Sex: Female

4. If plural births: 5. Number, in order of birth

6. Twin, triplet, or other

7. Premature: Full term

8. Legitimate: Yes

9. Date of birth: Oct 10 1933 (Month, day, year)

FATHER

9. Full name: Benjamin Rocha

10. Residence (usual place of abode) (If non-residence, give place and state): Miami

11. Color or race: Mex

12. Age at last birthday: 37 (Years)

13. Birthplace (city or place): Cuidad Juarez

(State or country): Mexico

OCCUPATION

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

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

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name: Maria Venegas

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

20. Color or race: Mex

21. Age at last birthday: 30 (Years)

22. Birthplace (city or place): Juarez

(State or country): Mexico

OCCUPATION

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

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, 19

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: 4 (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 or stillborn) at 8 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) Alvin D. Brazier, M. D.

or Mildred A. Jones, Midwife

Address: Miami Ariz

Given name added from a supplemental report (Date)

Filed Oct 10, 19 33 Alvin D. Brazier, Registrar

495-1010-952 Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each child in order of birth stated.

Form 3-1-30 MS-47971