ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 93

Registered No. 36

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 Francisco Nunez, (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 October 19th, 1933 (Month, day, year)

FATHER

9. Full name Salvador Nunez

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

11. Color or race Mexican | 12. Age at last birthday 37 (Years)

13. Birthplace (city or place) La Laquellas (State or country) Michoacan, 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. unemployed

16. Date (month and year) last engaged in this work April, 1933 | 17. Total time (years) spent in this work 17

MOTHER

18. Full maiden name Carina Siqueros,

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

20. Color or race Mexican | 21. Age at last birthday 28 (Years)

22. Birthplace (city or place) Nogales, (State or country) Arizona

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 October, 1933 | 26. Total time (years) spent in this work 10

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 3 (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 (Born alive or stillborn) at 2:00 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 N Hughes M.D.

or Midwife

Address Hayden, Arizona

Filed October 21, 1933 [signature] Registrar.

Given named added from a supplemental report (Date of)

659-1019-322 Registrar.