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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

Township _____ or Village _____

City Miami No. 607 Sikes St. St. _____ Ward

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

2. Full name of child Carlos Bejarano (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 + | 7. Legitimate Yes | 8. Date of birth Oct 29, 1933 (Month, day, year)

FATHER

9. Full name Rocke Bejarano

10. Residence (usual place of abode) (If nonresident, give place and State) Miami

11. Color or race Mex | 12. Age at last birthday 26 (Years)

13. Birthplace (city or place) Silver City (State or country) New 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. Mining

16. Date (month and year) last engaged in this work May, 1931 | 17. Total time (years) spent in this work 78

MOTHER

18. Full maiden name Clemencia Araujo

19. Residence (usual place of abode) (If nonresident, give place and State) Miami

20. Color or race Mex | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Culiacan Sin (State or country) 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.

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 2 (b) Born alive but now dead None (c) Stillborn None

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 at 7:30 p.m. on the date above stated (Born alive or stillborn)

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

(Signed) Cyril M. Crow, M.D.

or _____, Midwife

Address Miami, Arizona

Filed Nov. 10, 1933 C. M. Crow Acting Registrar.

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

326-1024-316 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.