ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 103a

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona.

Township or Village

City Miami No. 20 Porto Rico Canon St. Ward

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

2. Full name of child Amelia A raiza { If child is not yet named, make supplemental report, as directed

Female | If plural births { 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature No Full term Yes | 7. Legitimate? Yes | 8. Date of birth Oct 27, 1933 (Month, day, year)

FATHER

9. Full name Pedro Araiza

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

11. Color or race Mex. | 12. Age at last birthday 38 (Years)

13. Birthplace (city or place) Aguas Caliente, Mex. (State or country)

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.

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Diega Mascota

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

20. Color or race Mex | 21. Age at last birthday 33 (Years)

22. Birthplace (city or place) Jalisco, Mex. (State or country)

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 7 (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 at 3:30 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. Gron M.D. Midwife

or

Address Miami, Arizona.

Given name added from a supplemental report (Date of)

111-1027-441 Registrar.

Filed Dec. 6, 1933. Cyril M. Gron M.D. Registrar.