

ARIZONA STATE BOARD OF HEALTH

106

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

County Hila State Arizona
Township _____ or Village _____
City Miami No. 62 Kroner Causeway St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Terese Magdalena [If child is not yet named, make supplemental report, as directed]

3. Sex Female If plural Births 4. Twin, triplet, or other 5. Number, in order of birth 6. Premature 7. Legitimate 8. Date of Birth Oct 28, 1933
Full term mate? yes (Month, day, year)

9. Full name Andreas Magdalena FATHER

18. Full maiden name Maria Chaney MOTHER

10. Residence (usual place of abode) Miami, Ariz.

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11. Color or race Mex 20. Age at last birthday 32 Years

21. Color or race Mex 22. Age at last birthday 28 (Years)

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

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

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

24. 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.

25. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

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

26. Date (month and year) last engaged in this work _____ 19____

27. Number of children of this mother (At time of this birth and including this child; (a) Born alive and now living 9 (b) Born alive but now dead 1 (c) Stillborn 0

28. Is stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7⁴⁵ 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. Cron M. D.

Given name added from a supplemental report _____

or _____ Midwife

342-1028-439 (Date of) _____

Address Miami, Arizona
Filed Nov. 10, 1933
C. M. Cron Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In certain cases 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.