ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 107

Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Miami No. 1020 Prospect Ave St. Ward

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

2. Full name of child Esther Obregon (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 Full term ✓ | 7. Legitimate? yes | 8. Date of birth Oct 30, 1933 (Month, day, year)

FATHER

9. Full name Rosario Obregon

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

11. Color or race Mex. 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) Tombstone (State or country) Arizona

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. A. J. C.

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Rebecca Olivas

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

20. Color or race Mex. 21. Age at last birthday 23 (Years)

22. Birthplace (city or place) Guliacan 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 — (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 2:10 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) Cyril M. Crow M.D. M.D. or Midwife

Address Miami, Arizona

Given name added from a supplemental report

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

565-1030-962 Date of Registrar.

N. Bureau 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.

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