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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 1669
Arizona _____

1. PLACE OF BIRTH

County Maricopa State ARIZONA
Township _____ Village _____
City Phoenix No. St Joseph's Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Catherine Colette Pastorino (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 25 1933 (Month, day, year)

FATHER

9. Full name Mike Pastorino
10. Residence (usual place of abode) (If non-resident, give place and State) Laveen, Ariz
11. Color or race Italian 12. Age at last birthday 46 (Years)
13. Birthplace (city or place) (State or country) Italy

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Man
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 Enna Yutze
19. Residence (usual place of abode) (If non-resident, give place and State) same
20. Color or race Mex 21. Age at last birthday 36 (Years)
22. Birthplace (city or place) (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.
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 3 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillborn _____ 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 on 10-25-33 (Born alive or stillborn) at 8 a.m. on the date above stated

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

(Signed) R Dysart, M. D.
or _____, Midwife
Address _____

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

Filed 11-3-, 1933 O H Strong, Registrar.
_____, Registrar.

376-1025-585

RIVETS PLAINLY WITH UNPADDING INK—THIS IS A PERMANENT RECORD
MARGIN REMOVED FOR BINDING
NOTE: Each page must be made for each, and the number of each child as a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.