ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 95

Registered No. 37

1. PLACE OF BIRTH

County Gila State Arizona

Township Hayden, or Village

City No. St. Ward

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

2. Full name of child Maria Enauna Sandoval (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 Nov. 1 33 (Month, day, year)

FATHER	MOTHER
9. Full name: Felix Sandoval	18. Full maiden name: Jesus Rodriquez
10. Residence (usual place of abode) (If non-resident, give place and State): Hayden	19. Residence (usual place of abode) (If non-resident, give place and State): Hayden
11. Color or race: Mex. 12. Age at last birthday: 27 (Years)	20. Color or race: Mex. 21. Age at last birthday: 20 (Years)
13. Birthplace (city or place): Juajato (State or country): Jalisco, Mexico	22. Birthplace (city or place): Fairbanks, (State or country): Arizona
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor	OCCUPATION 23. 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.: Common	24. 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: Oct, 1933 17. Total time (years) spent in this work: 7	25. Date (month and year) last engaged in this work: Oct 1933 26. Total time (years) spent in this work: 5

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 ____ (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 3.30 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) Charles B. Hudgins M.D.

or ____ Midwife

Address Hayden, Arizona

Given name added from a supplemental report 423-1101-199 (Date of) ____ Registrar.

Filed Nov. 4, 1933 W. A. Jack Registrar.

If, however, there is 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.