116

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.
Registered No.
Arizona

1. PLACE OF BIRTH
County: Gila
Township: Miami
City: No. 27 Grover Canon Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Aurora Olivas
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 19, 1932 (Month, day, year)

FATHER	MOTHER
9. Full name: Jose Olivas	12. Full maiden name: Refugio Padilla
10. Residence (usual place of abode) (If non-resident, give place and State): Miami	19. Residence (usual place of abode) (If non-resident, give place and State): Miami
11. Color or race: Mex; 12. Age at last birthday: 38 (Years)	20. Color or race: Mex; 21. Age at last birthday: 30 (Years)
13. Birthplace (city or place) (State or country): Chihuahua Mexico	22. Birthplace (city or place) (State or country): Juarez Mex
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	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.	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, 19	25. Date (month and year) last engaged in this work, 19
17. Total time (years) spent in this work	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 5 (b) Born alive but now dead 1 (c) Stillborn 2

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 or stillborn) at 1:19 m. on the date above stated

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

(Signed) Nelson D. Brayton M. D.
or Midwife
Address Miami Ariz.
Filed Nov 18 1933 Nora Shipp Registrar.

Given name added from a supplemental report (Date of)
Registrar.

N. B.—In case 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.

THIS IS A PERMANENT RECORD

762-1119-931