ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 117

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila State Arizona

Township Miami or Village

City Miami No. 1143 Sullivan St Ward

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

2. Full name of child Francisca Almoz (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 33 (Month, day, year)

FATHER

9. Full name Antonio Almoz

10. Residence (usual place of abode) (If non-resident, give place and State) Miami

11. Color or race Mex 12. Age at last birthday 21 (Years)

13. Birthplace (city or place) Mexico (State or country)

OCCUPATION

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

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 Unemployed, 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Lola Santoval

19. Residence (usual place of abode) (If non-resident, give place and State) Miami

20. Color or race Mex 21. Age at last birthday 18 (Years)

22. Birthplace (city or place) Hurley (State or country) New Mexico USA

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

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 Housewife, 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 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 at 79 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) Nelson D. Brunfo M.D.

or Miami Ariz Midwife

Address

Filed Nov 19 1933 N D Brunfo Registrar

Given name added from a supplemental report (Date of)

Registrar.

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