ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 125

Registered No. 38

1. PLACE OF BIRTH

County Gila State Arizona

Township or Village

City Hayden, No. St. Ward

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

2. Full name of child Francisco Romero (If child is not yet named, make supplemental report, as directed)

3. Sex Male | 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. 25, 1933 (Month, day, year)

FATHER

9. Full name Manuel Romero

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

11. Color or race Mex. | 12. Age at last birthday 23 (Years)

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

OCCUPATION

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

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 Nov, 1933 | 17. Total time (years) spent in this work 4

MOTHER

18. Full maiden name Viol Montano

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

20. Color or race Mex. | 21. Age at last birthday 25 (Years)

22. Birthplace (city or place) Tucson (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 Nov 1933 | 26. Total time (years) spent in this work 4

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 or stillborn) at 3.30 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) Charles B Gustafson M.D.

or Midwife

Given named added from a supplemental report (Date of)

Address Hayden, Arizona

Filed Nov 29, 1933 W S Mick

Registrar. Registrar.

1896-1125-5116

NOTE: PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.