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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 39

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 Andres Guzman (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 30, 1933 (Month, day, year)

FATHER

9. Full name Francisco Guzman

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

11. Color or race Mex | 12. Age at last birthday 33 (Years)

13. Birthplace (city or place) La Union de San Antonio (State or country) Jalisco, Mexico

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common 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 13

MOTHER

18. Full maiden name Maria Franco

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

20. Color or race Mex | 21. Age at last birthday 30 (Years)

22. Birthplace (city or place) Le Union de San Antonio (State or country) Jalisco Mexico

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 12

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn _____

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 or stillborn) at 2.30 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 Hudson M.D.

or _____, Midwife

Address Hayden,

Given name added from a supplemental report _____ Date _____

Registrar.

Filed Dec 1, 1933 W. J. Fyle Registrar

175-1120-14266

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.

USE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD