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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 — State: Arizona

Township: _____ or Village: _____

City: Miami — St. _____ Ward _____

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

2. Full name of child: Alice Carter (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: Dec 6, 1933 (Month, day, year)

FATHER

9. Full name: Agapito Cortez

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

11. Color or race: Mex — 12. Age at last birthday: 32 (Years)

13. Birthplace (city or place): Shafter (State or country): Texas

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. Unemployed

16. Date (month and year) last engaged in this work _____, 19__

17. Total time (years) spent in this work _____

MOTHER

18. Full maiden name: Sarah Colmenero

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): Cananea (State or country): Sonora

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 home, lawyer's office, silk mill, etc. _____

25. Date (month and year) last engaged in this work _____, 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: 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 12:34 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) Alison D. Brown, M.D.
or _____, Midwife
Address: Miami

Given name added from a supplemental report _____ (Date of)

Filed Jan. 13, 1934 — C. M. Cross, Registrar.

Registrar.

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