ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

101

State File No. ____
Registered No. ____
Arizona 40

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 Teresa Acuña (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 9 1933 (Month, day, year)

FATHER

9. Full name Jesus Acuña

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

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

13. Birthplace (city or place) (State or country) Sonora, Mex.

OCCUPATION

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

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 Dec 33 19__ | 17. Total time (years) spent in this work ____

MOTHER

18. Full maiden name Ester Rosales

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

20. Color or race Mexican | 21. Age at last birthday 19 (Years)

22. Birthplace (city or place) Hayden (State or country) Arizona

OCCUPATION

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

25. Date (month and year) last engaged in this work Dec 33 19__ | 26. Total time (years) spent in this work 1 year

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 ____ (Born alive or stillborn) 7:00 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 Hutchins M.D.
or ____, Midwife
Address Hayden Arizona
Filed Dec 16, 1933 [illegible] Registrar.

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

____ Registrar.

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311-1209-582