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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

State File No. _____
Registered No. 113
Arizona _____

County Gila State Arizona _____
Township _____ or Village _____
City Claypool St. _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Hermenia Padilla (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 X | 7. Legitimate? Yes | 8. Date of birth Dec 13 1933 (Month, day, year)

9. Full name FATHER Aristo Padilla | 18. Full maiden name MOTHER Priscilliana Sobs

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

11. Color or race Mex | 12. Age at last birthday 28 (Years) | 20. Color or race Mex | 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) San Jose Mex. (State or country) | 22. Birthplace (city or place) Central New Mex (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. Unemployed
16. Date (month and year) last engaged in this work _____, 19__ | 17. Total time (years) spent in this work _____

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. Housewife
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 4 (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) at 3 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) Nelson D Brayton M.D.
or _____ Midwife
Address Miami Ariz
Filed 1/6 1934 Ansent Brayton Registrar.

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

_____ Registrar.

10M 2-8-38 MS-4767

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