ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 112

Registered No.

Arizona

1. PLACE OF BIRTH

County Gila

State Arizona

Township

City Miami

or Village Defot Hill

No. 1015 St.

Ward

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

2. Full name of child Margaret W Gudiños

(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 14, 1933 (Month, day, year)

FATHER

9. Full name Eusebio Gudiños

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

11. Color or race Mex

12. Age at last birthday 28 (Years)

13. Birthplace (city or place) Cananea (State or country) Mexico

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.

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Agapita Ramirez

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

20. Color or race Mex

21. Age at last birthday 14 (Years)

22. Birthplace (city or place) (State or country) Mexico

OCCUPATION

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

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 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 3 (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 at 4:49 a.m. on the date above stated

(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) William S Brayton, M. D.

or Midwife

Address Miami Ariz.

Given name added from a supplemental report (Date of)

Registrar.

Filed Dec. 13, 1934 C. J. McCrow Registrar.

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