Guerra

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 113

Registered No. 114

Arizona

1. PLACE OF BIRTH

County Gila State Arizona

Township

City Miami or Village 615 Davis Canon Ward

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

2. Full name of child Celia Guerra [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 15, 19[illegible] (Month, day, year)

FATHER

9. Full name Marcial Guerra

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) Clifton (State or country) Ariz

OCCUPATION

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Smelter

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Maria Vega

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

20. Color or race Mex | 21. Age at last birthday 24 (Years)

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

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 swimming pool, 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 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 5 9 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

Given name added from a supplemental report (Date of)

Filed 1/6, 1934 Mon Bryce Registrar.

Registrar.

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