116

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona.

Township _____ or Village _____

City Miami No. 413 Gibson St., St. _____ Ward

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

2. Full name of child Berta Saenz (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. 18, 1933 (Month, day, year)

FATHER	MOTHER
9. Full name: Manuel Saenz	18. Full maiden name: Elena Miramon
10. Residence (usual place of abode) (If nonresident, give place and State): Miami, Arizona.	19. Residence (usual place of abode) (If nonresident, give place and State): Miami, Arizona.
11. Color or race: Mex. 12. Age at last birthday: 53 (Years)	20. Color or race: Mex 21. Age at last birthday: 27 (Years)
13. Birthplace (city or place) (State or country): Chihuahua, Mex.	22. Birthplace (city or place) (State or country): Douglas, Arizona.
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.:	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.:
16. Date (month and year) last engaged in this work _____, 19__ 17. Total time (years) spent in this work	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 4 (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 (Born alive or stillborn) at 11 a. m. on the date above stated

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

(Signed) Cyril M. Crow, M. D.

or _____ Midwife

Address Miami, Arizona.

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

Filed June 1, 1934. C. M. Crow Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

229-1218-5115