ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____
Arizona _____

1. PLACE OF BIRTH
County Gila
Township Mining District
City _____ No. 3223 Hanley Street Ward
State Arizona
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lupe Romero (If child is not yet named, make supplemental report, as directed)

3. Sex Female | 4. 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 19 1933 (Month, day, year)

FATHER

9. Full name Basilio Romero

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

11. Color or race Mex | 12. Age at last birthday 43 (Years)

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

OCCUPATION

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

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 Ester Fernandez

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

20. Color or race Mex | 21. Age at last birthday 32 (Years)

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

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 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 6 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillborn _____ 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 4 P m. on the date above stated

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

(Signed) Glenn D. Bryan M. D.
or _____ Midwife
Address _____

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

Filed Jan. 13, 1934 C. M. Crow Registrar.

_____ Registrar.

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