ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

BIRTH NO. 102- 120

CERTIFICATE OF BIRTH

REGISTRAR'S NO. 112

PLACE OF BIRTH
COUNTY: Gila
CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS WRITE RURAL): Globe
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION):

2. USUAL RESIDENCE OF MOTHER (WHERE DOES MOTHER LIVE?)
A. STATE: Arizona
B. COUNTY: Pima
C. CITY OR TOWN (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL): Tucson
D. STREET ADDRESS (IF RURAL, GIVE LOCATION):

CHILD'S NAME (TYPE OR PRINT): A. (FIRST) ANNA B. (MIDDLE) DORA C. (LAST) MONTANO

SEX: Male

5A. THIS BIRTH: SINGLE ☐ TWIN ☐ TRIPLET ☐
5B. IF TWIN OR TRIPLET (THIS CHILD): 1ST ☐ 2ND ☐ 3RD ☐

6A. DATE OF BIRTH (MONTH) Dec. (DAY) (YEAR) 19, 1933
6B. HOUR M

FATHER OF CHILD

FULL NAME: A. (FIRST) Ramon B. (MIDDLE) Bustamante C. (LAST) Montano
8. COLOR OR RACE: White
9. AGE (AT TIME OF THIS BIRTH): 30
USUAL RESIDENCE (WHERE DOES FATHER LIVE?): Tucson, Arizona
11. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tucson, Arizona
12A. USUAL OCCUPATION
12B. KIND OF BUSINESS OR INDUSTRY

MOTHER OF CHILD

FULL MAIDEN NAME: A. (FIRST) Enedina B. (MIDDLE) -- C. (LAST) Palazon
14. COLOR OR RACE: White
15. AGE (AT TIME OF THIS BIRTH): 24
BIRTHPLACE (STATE OR FOREIGN COUNTRY): Mexico
17A. USUAL OCCUPATION
17B. KIND OF BUSINESS OR INDUSTRY
18A. CHILDREN BORN TO THIS MOTHER (INCLUDING THIS CHILD)
B. HOW MANY OTHER CHILDREN ARE NOW LIVING?
C. HOW MANY OTHER CHILDREN WERE BORN ALIVE BUT ARE NOW DEAD?
D. HOW MANY OTHER CHILDREN WERE STILLBORN (BORN DEAD AFTER 5 MONTHS PREGNANCY)

CERTIFY THAT THE INFORMATION IN ITEMS 5-18 IS CORRECT TO MY BEST KNOWLEDGE.
19. PARENT'S SIGNATURE

HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD WHO WAS BORN ALIVE DEAD ON THE HOUR AND DATE GIVEN ABOVE.
20A. ATTENDANT'S SIGNATURE: Murdock H. Bryant
20B. ATTENDANT AT BIRTH: M. D. ☒ D. O. ☐ MIDWIFE ☐ OTHER (SPECIFY)
20C. ADDRESS: Globe, Arizona
20D. DATE SIGNED

DATE REC'D BY LOCAL REG. 29, 1933
21B. REGISTRAR'S SIGNATURE: Anna [illegible]
22. DATE ON WHICH GIVEN NAME ADDED BY REGISTRAR

LENGTH OF PREGNANCY: WKS.
23B. WEIGHT AT BIRTH: LBS. OZS.
24A. STATE ANY COMPLICATIONS OF PREGNANCY AND LABOR
24B. STATE ANY OPERATION FOR DELIVERY
DESCRIBE ANY CONGENITAL MALFORMATIONS
24D. DESCRIBE ANY BIRTH INJURY: 1116-1219-575
24E. WAS PROPHYLACTIC DRUG USED IN BABY'S EYES? YES ☐ NO ☐
24F. DID MOTHER HAVE A SEROLOGICAL TEST FOR SYPHILIS? YES ☐ DATE _____ NO ☐
MOTHER'S NAME AND MAILING ADDRESS

EV.