128

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: Miami Co

City: Miami

State Arizona

or Village: P

638 Dam Canon Ward

No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Mercedes Gil

(If child is not yet named, make supplemental report as directed)

3. If plural births: 4. Twin, triplet, or other _____ 5. Number, in order of birth _____

6. Premature: No

7. Legitimate? Yes

8. Date of birth: Dec 2 1933 (Month, day, year)

9. Full maiden name: FATHER Gil

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

11. Color: Mex

12. Age at last birthday: 30 (Years)

13. Birthplace (city or place): Jalisco (State or country): Mex

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.: Mine

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

17. Total time (years) spent in this work _____

18. Full maiden name: MOTHER Garcia

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

20. Color: Mex

21. Age at last birthday: 30 (Years)

22. Birthplace (city or place): Jalisco (State or country): Mex

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, laundry, cotton mill, etc.: Home

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

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 99 m. on the date above stated

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

(Signed) Kenneth Dunn Bonfoy M. D.

or _____ Midwife

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

Address _____

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

N73-12283-171 Registrar.

10M 3-8-30 MS-67871