# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 104
Registered No. 177

1. PLACE OF BIRTH

County Graham State Arizona.
Township Safford, or Village
City Safford, No. St. Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex Female | If plural births: 4. Twin, triplet or other Single 5. Number, in order of birth 3 | 6. Premature Full term | 7. Legitimate? Yes | 8. Date of birth July-23, 1934 (Month, day, year)

FATHER

9. Full name Ramon Avilla
10. Residence (usual place of abode) (If nonresident, give place and State) Safford, Arizona
11. Color or race Mex 12. Age at last birthday 24 (Years)
13. Birthplace (city or place) (State or country) Texas

OCCUPATION

14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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 Liandra Montez
19. Residence (usual place of abode) (If nonresident, give place and State) Safford, Arizon
20. Color or race Mex 21. Age at last birthday 23 (Years)
22. Birthplace (city or place) (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 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 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (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 (Born alive or stillborn) at 7.100 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) J. M. Stalter, M. D.
or Physician, Midwife
Address Safford, Arizona.
Filed Aug-8, 1934 J. M. Stalter Registrar.

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

MARGIN RESERVED FOR BINDING
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.

(011-723-349)