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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 802

1. PLACE OF BIRTH

County Pima State ARIZONA

Township ..... or Village .....

City Tucson No. 140 West 20th St. St. ..... Ward

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

2. Full name of child Frank M. Ugalde Jr. (If child is not yet named, make supplemental report, as directed)

3. Sex male | If plural births: 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature Jr. Full term Jr. | 7. Legitimate? Jr. | 8. Date of birth Aug 29, 1934 (Month, day, year), 19....

9. Full name — FATHER: Frank M. Uglade

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

11. Color or race Mex. | 12. Age at last birthday 25 (Years)

13. Birthplace (city or place) Tucson, Ariz. (State or country)

OCCUPATION:

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

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 .....

18. Full maiden name — MOTHER: Mary Chogorya

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

20. Color or race Mex. | 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Hermosilla (State or country) Son. Mex.

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. 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 1 (b) Born alive but now dead 0 (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 1:15 P. m. on the date above stated

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

Given name added from a supplemental report 645-829-431 (Date of)

(Signed) Dr. [illegible] Allen, M. D.

or ....., Midwife

Address 123 South Stone Ave

Filed 9-5-34, 19 Lewis H. Howard Jr. Registrar.

..... Registrar.

10M 1-31-34 MS--49982 FORM NO. 2

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.

...RITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD