# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 119

Registered No. 145

1. PLACE OF BIRTH

County COCONINO State ARIZONA

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

City FLAGSTAFF No. 113 S. San Francisco Rear - Ward

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

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

| 3. Sex of Child | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth | 6. Legitimate? | 7. Date of birth (Month Day Year) |
|---|---|---|---|---|---|
| Male | | - | | Yes | Nov. 29-1937 |

| 8. FATHER | 14. MOTHER |
|---|---|
| Full name Santiago Jorka | Full maiden name Manuela Mayorga |
| 9. Residence (Usual place of abode) Flagstaff Ariz. If non-resident, give place and state | 15. Residence (Usual place of abode) Flagstaff Ariz. If non-resident, give place and state |
| 10. Color or race W. Spanish 11. Age at last birthday 44 (Years) | 16. Color or race W - Mex - 17. Age at last birthday 31 (Years) |
| 12. Birthplace (city or place) Spain (State or country) | 18. Birthplace (city or state) Zacatecas (State or country) Mexico |
| 13. Occupation Laborer Nature of Industry C.P.R.A. Street work | 19. Occupation None Nature of Industry Home - |

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 7 (b) Born alive but now dead 0 (c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 12-0 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature H. Norman M.D. (Physician or midwife)

Given name added from a supplemental report ..... Month, day, year

Address Flagstaff

Filed 12-5 1937 H. Norman M.D. Registrar.

Registrar.

S 71 - 1129 - 4441

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.