

APPENDIX ATTACHED

ARIZONA STATE BOARD OF HEALTH

614

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 16

Arizona _____

1. PLACE OF BIRTH

County Pinal

State ARIZONA

Township _____

or Village _____

City Superior

No. _____

St. _____

Ward _____

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

2. Full name of child

Romulo Alvarado

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

3. Sex Male

If plural births _____

4. Twin, triplet, or other _____

6. Premature _____

7. Legitimate? yes

8. Date of birth

April 7 35
(Month, day, year)

5. Number, in order of birth _____

Full term yes

9. Full name Fortino

FATHER

Alvarado

18. Full maiden name Josefina Aguilar

MOTHER

10. Residence (usual place of abode)

(If non-resident, give place and State)

Superior, Ariz

19. Residence (usual place of abode)

(If non-resident, give place and State)

Superior, Ariz

11. Color or race Mex

12. Age at last birthday

33 (Years)

20. Color or race Mex

21. Age at last birthday

24 (Years)

Birthplace (city or place)

Lan Tassos Sonora, Mexico

22. Birthplace (city or place)

(State or country)

Chihuahua, Mexico

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

Mines

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Copper Mine

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

Own home

Date (month and year) last engaged in this work

April 1935

17. Total time (years) spent in this work

4

25. Date (month and year) last engaged in this work

April 1935

26. Total time (years) spent in this work

4

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living

3

(b) Born alive but now dead

1

(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 at 1:42 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)

Paul M. Ferguson

M. D.

or

Superior, Arizona

Midwife

Address

April 8, 1935

Filed

Registrar.

Registrar.

916-407-119

AN must be made for each, and the number of each ed.

in order of t

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OCCUPATION