SUPPLEMENT ATTACHED

[redacted]

36

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. .....

Registered No. 87

1. PLACE OF BIRTH

County: Cochise State: ARIZONA

Township ..... or Village: Bisbee

City ..... No. ..... St. 127 - Erie St. Ward

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

2. Full name of child: Francisco Robles (If child is not yet named, make supplemental report, as directed)

3. Sex: Male | If plural births: 4. Twin, triplets, or other ..... 5. Number, in order of birth ..... | 6. Premature: No Full term: Yes | 7. Is mother married? Yes | 8. Date of birth: March 3, 1937 (Month, day, year)

PATHER	MOTHER
9. Full name: Francisco L Robles	18. Full maiden name: Ramula Alvarez
10. Residence (usual place of abode) (If non-resident, give place and State): Bisbee	19. Residence (usual place of abode) (If non-resident, give place and State): Bisbee
11. Color or race: Mex 12. Age at last birthday: 34 (Years)	20. Color or race: Mex 21. Age at last birthday: 33 (Years)
13. Birthplace (city or place): Hermosillo (State or Country): Son. Mex	22. Birthplace (city or place): San Pedro (State or Country): Sonora Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Smelter	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Home
16. Date (month and year) last engaged in this work: Mar 3, 1937 17. Total time (years) spent in this work: 18 yrs	25. Date (month and year) last engaged in this work: Mar 3, 1937 26. Total time (years) spent in this work: 17 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living: 8 (b) Born alive but now dead: 2 (c) Stillborn: 0

28. If stillborn, period of gestation ..... months or weeks | 29. Cause of stillbirth ..... During labor ..... Before labor .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8 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) C P Clark M. D.

or ..... Midwife

Address Douglas Ariz

Given name added from a supplemental report 692-303-919 (Date of)

Filed Mar 18, 1937 [illegible] Registrar

Registrar

20M 1-8-36 Form No. 2 MS—100 Rag