

2604

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_

Registered No. 91

1. PLACE OF BIRTH

County GILA State ARIZONA  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City GLOBE No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child MATILDA GUZMAN { If child is not yet named, make supplemental report, as directed

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplets, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Is mother married? yes 8. Date of birth April 23, 1906 (Month, day, year)

9. Full name FATHER Francisco Guzman  
10. Residence (usual place of abode) (If non-resident, give place and State) Globe, Arizona.  
11. Color or race Mex. 12. Age at last birthday 34 (Years)  
13. Birthplace (city or place) Florence (State or Country) Arizona  
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 Josefa Bracamonte  
19. Residence (usual place of abode) (If non-resident, give place and State) Globe, Ariz.  
20. Color or race Mex. 21. Age at last birthday 20 (Years)  
22. Birthplace (city or place) \_\_\_\_\_ (State or Country) Mexico  
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 (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 \_\_\_\_\_ During labor \_\_\_\_\_ Before labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was Born alive at 6 A.M. on the date above stated (Born alive or stillborn)  
(Signed) ms Josefa Guzman (Mother) \_\_\_\_\_  
or \_\_\_\_\_  
Address Box 2404 Globe, Arizona  
Filed July 20, 1936 \_\_\_\_\_ Registrar  
Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
Witnessed signature of mother 6-1-36

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