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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 29-1934

Arizona _____

County: Gila

Township: _____ State: Arizona

City: _____ No. _____ St. _____ Ward _____

or Village: Roosevelt

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

1. PLACE OF BIRTH

2. Full name of child: Estevan Hernandez

(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 _____ Full term _____

7. Legitimate? Yes

8. Date of birth: Dec. 6th, 1907 (Month, day, year)

FATHER

9. Full name: Crescencio Hernandez

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

11. Color or race: Mex.

12. Age at last birthday: 36 (Years)

13. Birthplace (city or place) (State or country): San Antonio Texas

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 _____

MOTHER

18. Full maiden name: Carmen Borsoni

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

20. Color or race: Italian

21. Age at last birthday: 26 (Years)

22. Birthplace (city or place) (State or country): Globe Ariz

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. _____

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: [redacted] (c) Stillborn _____

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 8 P.M. hour 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 _____

(Signed) Carmen (her X mark) Borsoni, Mother

or _____, Midwife

Address: Mesa Ariz

Filed _____, 19__

Registrar.

Subscribed and sworn before me this 24th day of Dec 1934

May Rose Sapson

Notary Public

Registrar.

Notary Public

10M 2-8-33 MB-47971