

2644

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 63
Arizona _____

PLACE OF BIRTH
County Gila State ARIZONA
Township _____ or Village Roosevelt
City _____ No. _____ St. _____ Ward _____

2. Full name of child Josefina Guzman
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed)

3. Sex Female If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature NO Full term Yes
7. Legitimate? No
8. Date of birth Oct. 17th, 1908, 19____
(Month, day, year)

9. Full name FATHER
Jose Ronquillo
10. Residence (usual place of abode)
(If non-resident, give place and State) Roosevelt, Ariz.
11. Color or race Mex. 12. Age at last birthday 32 (Years)
13. Birthplace (city or place)
(State or country) Chihuahua City
Mexico
14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Stone mason
15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Building dam
16. Date (month and year) last
engaged in this work
June 15th, 1910, 19____
17. Total time (years)
spent in this work 8 months

18. Full maiden name MOTHER
Carmen Guzman
19. Residence (usual place of abode)
(If non-resident, give place and State) Roosevelt, Ariz.
20. Color or race Mex. 21. Age at last birthday 26 (Years)
22. Birthplace (city or place)
(State or country) Florence,
Arizona.
23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. House keeping
24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Home
25. Date (month and year)
last engaged in this work
June 15th, 1911, 19____
26. Total time (years)
spent in this work 7
years

27. Number of children of this mother
(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 2 (c) Stillborn none
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 5:00 P. m. on the date above stated
(Born alive or stillborn)
When there was no attending physician or midwife, then the father, householder, etc., should make this return.
Given name added from supplemental report _____ (Date of) _____
Registrar. _____
(Signed) He Ammon
Address P. O. Box 22 Superior, Arizona
Filed 8/6, 1933
Registrar. _____

195-1017-775
Subscribed before me this 22nd day of July 1933. Thomas O. H. Jones, Justice of the Peace, Superior, Arizona