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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. _____

1. PLACE OF BIRTH

County Cochise State ARIZONA
Township Tres Alamos Ranch - Near Benson or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Jose Blas Rosas { 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. Is mother Yes _____ married? _____ 8. Date of birth Mar 27 1896, 19____ (Month, day, year)

9. Full name FATHER Blas Rosas
10. Residence (usual place of abode) (If non-resident, give place and State) Near Benson Ariz
11. Color or race Mex. 12. Age at last birthday 39 (Years)
13. Birthplace (city or place) Tucson Arizona (State or country)
14. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer
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 Taultimes
19. Residence (usual place of abode) (If non-resident, give place and State) Near Benson Ariz
20. Color or race Mex 21. Age at last birthday 19 (Years)
22. Birthplace (city or place) Benson Arizona (State or country)
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 2 (b) Born alive but now dead _____ (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 alive at _____ 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. Sworn before me this 11th day of Feb 1936.
(Signed) Josefa T. Rosas, M.D.
Bl. Baalmers, Jr., M.D.
Given name added from a supplemental report _____ (Date of) _____
Address _____
Filed 2-13- 1936 L.W. Moffitt Registrar.

192-357-182