

1120

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 51

1. PLACE OF BIRTH

County Cochise State Arizona  
Township Tres Alamos ranch or Village \_\_\_\_\_  
City Benson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Guadalupe Madrid { If child is not yet named, make supplemental report, as directed

3. Sex \_\_\_\_\_ If plural births { 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term \_\_\_\_\_ 7. Legiti- mate? \_\_\_\_\_ 8. Date of birth Nov. 11, 1899 (Month, day, year)

9. Full name FATHER Feliz Madrid

18. Full maiden name MOTHER Loreta Ilanas

10. Residence (usual place of abode) (If nonresident, give place and State) Benson, Arizona

19. Residence (usual place of abode) (If nonresident, give place and State) Same

11. Color or race Mex 12. Age at last birthday \_\_\_\_\_ (Years)

20. Color or race Mex 21. Age at last birthday \_\_\_\_\_ (Years)

13. Birthplace (city or place) Chichuca (State or country) Sonora, Mexico

22. Birthplace (city or place) \_\_\_\_\_ (State or country) \_\_\_\_\_

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_, 19 \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19 \_\_\_\_\_

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 7 (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 Born 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. }

(Signed) [Signature], M. D. or [Signature], Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address \_\_\_\_\_ Filed Oct. 16, 1931 Richard E. [Signature] Registrar.

Registrar.

4114-1111

PLEASE PRINT IN INK—HAS EXAMINER'S SIGNATURE. If child is not yet named, make supplemental report, as directed. If plural births, give number of each child at a birth, and separate return in order of birth stated.