

1140

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

State File No. 370
Registered No. 118

1. PLACE OF BIRTH

County Gila State ARIZONA
Township _____ or Village _____
City Globe No. Copper Hill Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Antonia Medina { 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 1
6. Premature _____ Full term yes 7. Is mother married? yes 8. Date of birth March 26, 1909
(Month, day, year)

9. Full name FATHER Inocencia Medina
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 46 (Years)
13. Birthplace (city or place) Monticallado (State or Country) Mexico
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 _____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Maria Orta
19. Residence (usual place of abode) (If non-resident, give place and State) Globe Arizona
20. Color or race Mex 21. Age at last birthday 34 (Years)
22. Birthplace (city or place) Guatemala (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 _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (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 3 a.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 a supplemental report _____ (Date of) _____
(Signed) _____, M. D. or S. Maria Orta, Midwife
Address 495 Concoran Ave. Miami, Arizona
Filed Sept 8, 1934 G. F. Williams, Registrar

birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.
N. B.—In case of more

20M 1-8-36 Form No. 2 MS-100 Rag
3rd day of September, 1936.
Subscribed and sworn to before me this _____ day of _____, 1936.
City Judge of Pinnacle