

2429

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

State File No. 2112
Registered No. 36a

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

2. Full name of child Francisco Sulhuis { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births _____
4. Twin, triplets, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Is mother married? Yes
8. Date of birth Jan 1 1910, 19____
(Month, day, year)

FATHER
9. Full name Trinidad Sulhuis
10. Residence (usual place of abode) Tucson Arizona
(If non-resident, give place and State)
11. Color or race Mex 12. Age at last birthday 43 (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. 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 Aloise Lenzler
19. Residence (usual place of abode) Tucson Arizona
(If non-resident, give place and State)
20. Color or race Mex 21. Age at last birthday _____ (Years)
22. Birthplace (city or place) Tucson 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 5 (b) Born alive but now dead 4 (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 20th day of Jan 1937
(Signed) Trinidad M. Cuervo, M.D.
or D.G. Chalmyers, J.P., Midwife
Given name added from a supplemental report 682-101-549
(Date of) _____
Address 1-22-37, 19____
Filed 1-22-37, 19____
Registrar. _____

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each must be stated in order of birth.