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# Damaged Document(s)

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 93  
Registered No. \_\_\_\_\_  
Arizona \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State ARIZONA  
Township Winkelman or Village \_\_\_\_\_  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurelia Ortiz (If child is not yet named, supplemental report, as directed)

3. Sex Female If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature Full term yes 7. Legitimate? yes 8. Date of Birth July 10<sup>th</sup>, 19\_\_\_\_  
(Month, day, year)

9. Full name FATHER Pablo M Ortiz

18. Full maiden name MOTHER Maria de Ortiz

10. Residence (usual place of abode) Winkelman  
(If non-resident, give place and State)

19. Residence (usual place of abode) Phoenix  
(If non-resident, give place and State)

11. Color or race Mexican 12. Age at last birthday 36 (Years)

20. Color or race Mex 21. Age at last birthday 27 (Years)

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

22. Birthplace (city or place) Phoenix  
(State or country) Arizona

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

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

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\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother 6  
(At time of this birth and including this child) (a) Born alive and now living 6 (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.

(Signed) Pablo M. Ortiz Winkelman, Midwife

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

Address 1519 S. 1st St. Phoenix  
Filed August 19, 1933 Registrar P. J. Hutton

Subscribed and sworn to before me

August 19, 1933  
Phoenix  
Arizona

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

Ophthalmia neonatorum or babies' sore eyes may cause the blindness of the child unless prevented or cured.  
Keep the discharge of the mother out of the baby's eyes.  
Wipe the baby's eyes with absorbent cotton moistened in warm boiled water.