

1909

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 95a

Registered No.

1. PLACE OF BIRTH  
 County Wilcox State Arizona  
Winkelman or Village  
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Gregorio Arbizu  
 (If child is not yet named, make supplemental report, as directed)

3. Sex <u>Male</u>	If plural births	4. Twin, triplet, or other	6. Premature	7. Legitimate?	8. Date of birth <u>April 24th, 1912</u> (Month, day, year)
		5. Number, in order of birth	Full term <u>y</u>	<u>Yes</u>	

9. Full name <u>Ramon Arbizu</u> FATHER	18. Full maiden name <u>Manuela Soto</u> MOTHER	
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Winkelman Ariz</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Winkelman Ariz</u>	
11. Color or race <u>Mex</u>	20. Color or race <u>Mex</u>	
12. Age at last birthday <u>26</u> (Years)	21. Age at last birthday <u>23</u> (Years)	
13. Birthplace (city or place) (State or country) <u>Sonora, Mexico.</u>	22. Birthplace (city or place) (State or country) <u>Sonora, Mexico</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farms</u>		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 <u>April 24th, 1912</u>		25. Date (month and year) last engaged in this work <u>April 24, 1912</u>
17. Total time (years) spent in this work <u>7</u>		26. Total time (years) spent in this work <u>7</u>

27. Number of children of this mother  
 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (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 6.30 a.m. on the date above stated  
 (Born alive or stillborn)

(Signed) Ramon Arbizu /M/D  
 or Father Midwife  
 Address Wenden Junction, Arizona  
 Filed Oct 1 1931 P. J. Hutton Registrar

Given name added from a supplemental report 716-424-426  
 (Date of) \_\_\_\_\_  
 Registrar \_\_\_\_\_