

1144

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

State File No. 123-a
Registered No. 88

1. PLACE OF BIRTH

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

2. Full name of child Margarita Rosalez { If child is not yet named, make 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 X 7. Legitimate? yes 8. Date of birth Sept 28, 1913
(Month, day, year)

9. Full name FATHER Luis Rosales
10. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
11. Color or race Mex 12. Age at last birthday 24 (Years)
13. Birthplace (city or place) Nariat Mexico
(State or country)

18. Full maiden name MOTHER Elena Montenegro
19. Residence (usual place of abode) Hayden
(If nonresident, give place and State)
20. Color or race Mex 21. Age at last birthday 15 (Years)
22. Birthplace (city or place) Harshaw Arizona
(State or country)

OCCUPATION
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. copper mill
16. Date (month and year) last engaged in this work Sept 28, 1913
17. Total time (years) spent in this work 8

OCCUPATION
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 _____

Number of children of this mother (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 9:00A 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) Elena Rosalez Mother, M.D.
or _____ Midwife

Address Hayden, Arizona
en name added from supplemental report. (Date of) 499-928-516
Filed Oct 6th, 1930 W.B. Dush 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, in order of birth stated.