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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 98-a
Registered No. 1 c

1. PLACE OF BIRTH

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

2. Full name of child Maria Azucena Rivera (If child is not yet named, make supplemental report, as direc

3. Sex: Female
If plural births: 4. Twin, triplet, or other; 5. Number, in order of birth
6. Premature; Full term
7. Legitimate? yes
8. Date of birth Oct 5th, 19[illegible] (Month, day, year)

FATHER	MOTHER
9. Full name: Remejio Rivera	18. Full maiden name: Amelia Otero
10. Residence (usual place of abode) (If nonresident, give place and State): Chilito, Ariz	19. Residence (usual place of abode) (If nonresident, give place and State): Chilito, Ar
11. Color or race: Mex 12. Age at last birthday: 23 (Years)	20. Color or race: Mex 21. Age at last birthday: 17 (Years)
13. Birthplace (city or place): Magdalena (State or country): Sonora, Mex	22. Birthplace (city or place): La Cananea, (State or country): Sonora, Mex.
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner	OCCUPATION 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.: Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.: Copper Mine	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.: Own home
16. Date (month and year) last engaged in this work: Oct. 4th, 1915 17. Total time (years) spent in this work: 3	25. Date (month and year) last engaged in this work: Oct. 5th, 1915 26. Total time (years) spent in this work: 1

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 (Born alive or stillborn) at 5.00A m. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report 491-1005-166 (Date of)

Registrar.

(Signed) Isabel Carrillo, M.D.
or In attendance at time of birth, Midwife
Address Christmas, Arizona.
Filed 1/23/, 1922 [illegible]
Registrar