

4938

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 9230
Registered No. 130

1. PLACE OF BIRTH

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

2. Full name of child Guadalupe Carrasco { 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 _____ 7. Legitimate? yes 8. Date of birth Dec 12, 1912 (Month, day, year)

9. Full name FATHER Blas Carrasco
10. Residence (usual place of abode) Miami
(If nonresident, give place and State)

18. Full maiden name MOTHER Rufina Guezada
19. Residence (usual place of abode) Miami
(If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 22 (Years)

20. Color or race Mex 21. Age at last birthday 19 (Years)

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

22. Birthplace (city or place) Stevens City
(State or country) New Mexico

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Carpenter
16. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. A. D. W.
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 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:15 p. 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) Juana Martinez M. D.

Given name added from a supplemental report 736-1212-981 (Date of)

or _____ Midwife
Address _____
File _____

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.