

2252

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 609a
Registered No. 119-1934

1. PLACE OF BIRTH

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

2. Full name of child Adrian Gutierrez { If child is not yet named, make supplemental report, as directed

3. Sex Male 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 Feb. 25, 1917 (Month, day, year)

9. Full name FATHER Adrian Gutierrez

18. Full maiden name MOTHER Irenea Perez

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

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11. Color or race Mexican 12. Age at last birthday 48 (Years)

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

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

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

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

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. _____

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____ 17. Total time (years) spent in this work _____

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 4 (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 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 _____ m. on the date above stated (Born alive or stillborn)

15. When there was no attending physician or midwife, then the father, householder, etc., should make this return. (Signed) Francis H. Salcido _____

16. Given name added from supplemental report 179-225-979 (Date of) _____ Address 119 E Madison, Phoenix

17. _____ (Date of) _____ Files Aug 7, 1934 _____ Registrar.

10M 1-31-34 MS-49982 FORM NO. 2 Witnessed signature of said Francis Salcido in this office 8-6-34 - 9016