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1.PLACE OF BI

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. _____

Registered No. 17

County a State ARIZONA

Township _____ or Village _____

City ayden No. _____ St. _____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name THOMASA GASTELUN { If child is not yet named, make supplemental report, as directed

3. Sex Femle

4. Twin, triplets, or other _____

5. Number, in order of birth _____

6. Premature _____ Full term _____

7. Is mother married? Yes

8. Date of birth March 7, 19 17 (Month, day, year)

FATHER	MOTHER
9. Full name Julian A. Gastelun	18. Full maiden name Guadalupe Luque
10. Residence (place of abode) (If non-resident, give place and State) Hayden	19. Residence (usual place of abode) (If non-resident, give place and State) Hayden
11. Color or race Mex. 12. Age at last birthday 37 (Years)	20. Color or race Mex. 21. Age at last birthday 35 (Years)
13. Birthplace (city or place) (State or Country) Baja, California	22. Birthplace (city or place) (State or Country) Sinaloa, Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, keeper, etc. Blacksmith	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, sawyer, 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 birth and including this child) (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn period _____ 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 9.00 p. m. on the date above stated

{ When there is no attending physician or midwife, the father, householder, etc., should be his return. }

(Signed) Julian Gastelun (father), M. D.

or _____, Midwife

Address _____

Given name from a supplement _____ (Date of)

35-307-735 Registrar.

Filed July 11, 1936 [signature] Registrar.

10M—6-MS—Form 2—100% Rag

Witnessed father's signature in this office 7/10/36