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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 640A
Registered No. 61
Arizona

1. PLACE OF BIRTH

County Gila State Arizona
Township Hayden or Village _____
City _____ No. _____ St. _____ Ward _____

2. Full name of child Raul Garcia (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 3 6. Premature Full term X 7. Legitimate? yes 8. Date of birth April 16, 1917 (Month, day, year)

9. Full name Jose B Garcia FATHER

18. Full maiden name Severiana Velasquez MOTHER

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

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11. Color or race Mex 12. Age at last birthday 37 (Years)

20. Color or race Mex 21. Age at last birthday 36 (Years)

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

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

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

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

7. Number of children of this mother 3 (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead _____ (c) Stillborn _____

8. 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 _____ at _____ 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) Severiana Velasquez, M. D. or mother, Midwife

Given name added from supplemental report _____ (Date of) 971-416-259 Registrar.

Address _____ Filed Dec 29, 1932 W.D. Nash Registrar.