185

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 185

Registered No. 24

County Gila State ARIZONA

Township Hayden or Village

City Hayden No. St. Ward

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

Name of child Enrique Arriola (If child is not yet named, make supplemental report, as directed)

M | If plural births: 4. Twin, triplet, or other 5. Number, in order of birth | 6. Premature Full term | 7. Is mother married? yes | 8. Date of birth July 5 1917 (Month, day, year), 19

FATHER

Miguel Arriola

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

Color or race Mexp | 12. Age at last birthday (Years)

Birthplace (city or place) Jalisco, (State or country) Mexico

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Baker Man

Industry or business in which work was done, as silk mill, sawmill, bank, etc.

Date (month and year) last engaged in this work, 19 | 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Susana De Arriola

19. Residence (usual place of abode) (If non-resident, give place and State) Los angeles Son. Mex.

20. Color or race Mexp | 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Hayden (State or country) ariz.

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Home wife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work, 19 | 26. Total time (years) spent in this work

Number of children of this mother (Including this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead (c) Stillborn

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 or stillborn) at 5 P.M. on the date above stated

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

Item added from supplemental report

(Signed) Bruno Belducella (Midwife) M. D.

or Dr. Chalmers J.P. Midwife

Address 484 Convent St.

Filed July 25, 1935 Mary P. Mason Registrar.

511-705-211 (Date of) Registrar.

OM 2-5-35 Form No. 2 MS