830

: OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 12202

Registered No. 6

Gila

State ARIZONA

ship

Miami No. (Adobe Hill) St. Ward

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

Adobe Hill

Miami

me of child Alicia Christy (If child is not yet named, make supplemental report, as directed)

If plural births { 4. Twin, triplet, or other ____ 5. Number, in order of birth ____ } 6. Premature ____ Full term Yes 7. Is mother married? Yes 8. Date of birth Dec. 3, 1918 (Month, day, year)

FATHER

Manuel Christy

ce (usual place of abode) n-resident, give place and State) Miami

r-race Eng. 12. Age at last birthday 24 (Years)

ace (city or place)

ate or country) Mexico

de, profession, or particular l of work done, as spinner, fer, bookkeeper, etc. Mechanic

ustry or business in which k was done, as silk mill, mill, bank, etc.

e (month and year) last ed in this work ____, 19__ 17. Total time (years) spent in this work

MOTHER

18. Full maiden name Guadalupe Gerrero

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

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

22. Birthplace (city or place)

(State or country) Mexico

OCCUPATION

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

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

of children of this mother 2 (this birth and including this child) (a) Born alive and now living yes (b) Born alive but now dead 0 (c) Stillborn 0

born, l of gestation ____ { months or weeks } 29. Cause of stillbirth { Before labor ____ During labor ____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30P. on the date above stated

ere was no attending physician then the father, householder, make this return.

(Signed) [illegible] M.D.

or [illegible] Midwife

Address [illegible]

ended from al report 138-1203-776 (Date of)

Filed Jan. 24th, 1936. C. M. Crow Registrar.

Registrar.

1 7-19-35 Form No. 2 MS