

4542

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1327a
Registered No. 94

1. PLACE OF BIRTH

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

2. Full name of child Angel Carral 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 _____ 7. Legitimate _____ 8. Date of birth Jan 22, 1919
(Month, day, year)

9. Full name of FATHER Jose Carral
10. Residence (usual place of abode) Maricopa
(If nonresident, give place and State)
11. Color or race Mex 12. Age at last birthday 7 (Years)
13. Birthplace (city or place) Mexico
(State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
16. Date (month and year) engaged in this work _____ 17. Total time (years) spent in this work _____

18. Full maiden name of MOTHER Genoveva Tiburcio Hernandez
19. Residence (usual place of abode) Maricopa
(If nonresident, give place and State)
20. Color or race Mex 21. Age at last birthday 2 (Years)
22. Birthplace (city or place) Mexico
(State or country)
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.
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 _____ 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 7 (b) Born alive but now dead _____ (c) Stillborn _____

28. 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. }
Given name of _____ (Date of) _____
Address _____
Filed _____ 1932,
Registrar.