

842

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 137A
Registered No. 184

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Miami No. _____ St. _____ War _____

2. Full name of child Ramon Picasso
(If birth occurred in a hospital or institution, give its NAME instead of street and number) (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 births 5 6. Premature _____ Full term yes 7. Legitimate? yes 8. Date of birth August 31, 1932
(Month, day, year)

9. Full name Inez Picasso FATHER

18. Full maiden name Philiberta Delgado MOTHER

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

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

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

20. Color or race Mex 21. Age at last birthday 32 (Years)

13. Birthplace (city or place) Jalisco Mexi
(State or country)

22. Birthplace (city or place) Jalisco Mexi
(State or country)

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

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 _____, 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 5 (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a m. on the date above, sta
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Signed) C. M. Cross, M.D.

Given named added from a supplemental report _____ (Date of) _____, Registrar. Address Miami Arizona Filed Oct 6, 1932 L. O. Douglas