

1544

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

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

State File No. 1310
Registered No. 39

1. PLACE OF BIRTH
County Gila State ARIZONA
Township _____ or Village _____
City Hayden No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Zamarano { If child is not yet named, no supplemental report, as direct

3. Sex Male If plural births _____ 4. Twin, triplets, or other _____ 6. Premature _____ 7. Is mother married? Yes 8. Date of birth Sept 12 1919, 19____
5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name FATHER
Evaristo Zamarano

18. Full maiden name MOTHER
Mercedes Leon

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

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

11. Color or race Mex. 12. Age at last birthday 48 (Years)

20. Color or race MEX 21. Age at last birthday 37 (Years)

13. Birthplace (city or place) Sinaloa Mexico
(State or Country)

22. Birthplace (city or place) Son Mexico
(State or Country)

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

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____

25. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent 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 6 (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 alive at _____ m. on the date above stated
(When there was no attending physician or midwife, then the father, householder, etc., should make this return.) Sworn before me this 5th day of Dec 1936
(Signed) Mercedes Y Zamarano Midwife
or _____
Address L. G. Chalmers, J.P.
Filed Dec 10, 1936 Registrar