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

State File No. 1490
Registered No. 138-

1. PLACE OF BIRTH

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

2. Full name of child Paul Carrasco (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 _____ Full term _____ 7. Legitimate? yes 8. Date of birth Sept 8, 1920
(Month, day, year)

9. Full name FATHER Blas Carrasco
10. Residence (usual place of abode) Mammoth Arizona
11. Color or race Mexican 12. Age at last birthday 27 (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. Carpenter
16. Date (month and year) last engaged in this work _____, 19____ 17. Total time (years) spent in this work _____

18. Full maiden name MOTHER Rufina Quezada
19. Residence (usual place of abode) _____
(If nonresident, give place and State)
20. Color or race Mexican 21. Age at last birthday 24 (Years)
22. Birthplace (city or place) Silver City
(State or country) New Mexico
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. A. M.
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 3 (At time of this birth and including this child) (a) Born alive and now living 3 (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 born alive at 5 A.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 added from a supplemental report 936-908-981
(Date of) _____

(Signed) J. M. Castillo, M. D.
or _____ Midwife
Address Mammoth Arizona
Filed June 13, 1932 _____

Registrar