

2212

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. 14721  
Registered No. 160

1. PLACE OF BIRTH

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

2. Full name of child Servando Cruz { If child is not yet named, make supplemental report, as directed

3. Sex Male If plural births \_\_\_\_\_ 4. Twin, triplets, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ Full term X 7. Is mother married? Yes 8. Date of birth Oct. 23, 1920, 19\_\_\_\_  
(Month, day, year)

9. Full name FATHER Encarnacion Cruz

18. Full maiden name MOTHER Luz Torres

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

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

11. Color or race Mex. 12. Age at last birthday 30 (Years)

20. Color or race MEX. 21. Age at last birthday 16 (Years)

13. Birthplace (city or place) San Miguel del Alto  
(State or Country) Mexico

22. Birthplace (city or place) Villa Obregon  
(State or Country) Mexico

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\_\_\_\_  
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. (At time of this birth and including this child) (a) Born alive and now living one (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 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. Attended by \_\_\_\_\_

(Signed) Juz Cruz MOTHER, MEX.

Given name added from a supplemental report \_\_\_\_\_ or \_\_\_\_\_ Midwife

(Date of) 23-10-20 Address P.O. 1 Pm 20 Anaheim Cal.

Filed Oct-24-1936, 1936. C. M. Cron Registrar.

Form No. 2 MS-100 Rag Suscribed and sworn to before me this 19th day of October, 1936 Kenneth Morrison Justice of the Peace Santa Ana Township, Orange County Calif