4189

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.

1. PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 182

County Gila State ARIZONA

Township or Village

City Miama No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eusevio Corral (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 Yes | 7. Is mother married? Yes | 8. Date of birth Dec. 16, 1920 (Month, day, year) 19 2

9. Full name — FATHER: Pablo Corral

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

11. Color or race Mexican | 12. Age at last birthday 23 (Years)

13. Birthplace (city or place) Durango (State or country) Mexico

OCCUPATION

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. Miner

16. Date (month and year) last engaged in this work, 19

17. Total time (years) spent in this work ~~19~~

18. Full maiden name — MOTHER: Pastora Chaidez

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

20. Color or race Mexican | 21. Age at last birthday 22 (Years)

22. Birthplace (city or place) Durango (State or country) Mexico

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House wife

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, 19

26. Total time (years) spent in this work ~~19~~

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living three (b) Born alive but now dead None (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 bofrn alive (Born alive or stillborn) at 1 A M m. on the date above stated

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

(Signed) Pastora Chaides Corral (mother)

Given name added from a supplemental report Dec 10 1935 (Date of)

Calexico Cal.

Thos. E. Anderson

Filed Dec. 12 1935 C. M. Crow

Registrar.

Registrar.

10M 7-19-35 Form No. 2 MS

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