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

State File No. 1640
Registered No. 139

1. PLACE OF BIRTH
County Yuma State Arizona
Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Dora Figueroa { 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 Female 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 March 22, 1921
(Month, day, year)

9. Full name Francisco Figueroa FATHER

18. Full maiden name Ramona Lopez MOTHER

10. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)

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(If nonresident, give place and State)

11. Color or race Mexican 12. Age at last birthday 47 (Years)

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

13. Birthplace (city or place) Hermosillo, Sonora, Mexico
(State or country)

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(State or country)

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

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

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year) last engaged 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 0 (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 8:30 PM 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. }

(Signed) _____, M. D.

Given name added from a supplemental report _____ (Date of) _____

or _____ Midwife

Address Blaylock Building
Filed April 12, 1921 C. E. Chron

MAKING REFERENCE TO BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.