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B ab. cert p...
3-23-33

STANDARD CERTIFICATE OF BIRTH

STATE FILE No. 169A
REGISTERED No. 21

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

2. Full name of child Ramon Barera (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 August 22, 1922 19____ (Month, day, year)

9. Full name <u>Cemilo Barera</u> FATHER	18. Full maiden name <u>Josefa Bravo</u> MOTHER
10. Residence (usual place of abode) <u>Tucson, Arizona</u> (If nonresident, give place and State)	19. Residence (usual place of abode) <u>Tucson, Arizona</u> (If nonresident, give place and State)
11. Color or race <u>Mexico</u> 12. Age at last birthday <u>34</u> (years)	20. Color or race <u>Mex.</u> 21. Age at last birthday <u>27</u> (years)
13. Birthplace (city or place) <u>Mexico</u> (State or country)	22. Birthplace (city or place) <u>Sonora, Mexico</u> (State or country)
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Deceased (now)</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
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 _____ (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 alive at _____ 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 921-822-126 (Date of) _____

(Signed) _____ M.D. Josefa Barera midwife
 Address _____
 Filed 4/7 1933 B.E. Dykeman Registrar.