Bart Cert Prov.
3-23-33

STANDARD CERTIFICATE OF BIRTH

(8)

State File No. 144-A
Registered No. 22

1. PLACE OF BIRTH—
County Gila State ARIZONA
Township _____ or Village _____
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 Arnoldo 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 Sept. 16, 1924, 19 (Month, day, year)

FATHER	MOTHER
9. Full name: Camilo Barera	18. Full maiden name: Josefa Bravo
10. Residence (usual place of abode) (If nonresident, give place and State): Tucson, Arizona	19. Residence (usual place of abode) (If nonresident, give place and State): Tucson, Ariza
11. Color or race: Mex. 12. Age at last birthday: 36 (years)	20. Color or race: Mex. 21. Age at last birthday: 29 (years)
13. Birthplace (city or place) (State or country): Mexico	22. Birthplace (city or place) (State or country): Sonora, Mexico
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Deceased (Now)	OCCUPATION 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	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 3 (b) Born alive but now dead 1 (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 (Born alive or stillborn) at _____ m. on the date above stated.

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

(Signed) _____ M. D.
or Josefa Barrera mother, ~~midwife~~
Address Tucson Arizona

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

Registrar.

Filed 4/7, 1933 H. E. Wightman M.D.
Registrar.

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