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ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 128A

Registered No. _____

Arizona _____

1. PLACE OF BIRTH

County Gila State Arizona
Township Winkelmann or Village _____
City _____ No. _____ St. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Lorenzo Vasquez (If child is not yet named, supplemental report, as _____)

3. Sex Male If plural births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term X 7. Legitimate X 8. Date of birth Dec 1st (Month, day, year)

9. Full name FATHER Miguel Vasquez

15. Full maiden name MOTHER Antonia Moraga

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

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

11. Color or race Mex 12. Age at last birthday 34 (Years)

20. Color or race Mex 21. Age at last birthday 29

13. Birthplace (city or place) Quintana Roo Mex (State or country)

22. Birthplace (city or place) Sierra Gorda (State or country) Guay

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

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

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 6 (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 Born alive at 4:00 P.M. on the date of _____ (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 159-1201-146 (Date of) _____

(Signed) E. Labonia-Castro M.D.

Address Winkelmann, Arizona

Filed Jan 6th 1933 P. J. H. H. H.

Registrar

In case of child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.