

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

State File No. 204
 Registered No. 26

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Maui No. 1035 Maui Ave. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

José Sanchez

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
 in event of plural
 births

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth April 30 1925
 Month Day Year

Male

5. No., in order of birth

yes

8. FATHER

Full name

Francisco Sanchez

9. Residence

(Usual place of abode)

Maui Ave
If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 33 (Years)

14. MOTHER

Full maiden name

Urbana Sanchez

15. Residence

(Usual place of abode)

Maui Ave
If non-resident, give place and state.

16. Color or race

Mexican

17. Age at last birthday 30 (Years)

12. Birthplace (city or place)

Mexico
(State or country)

18. Birthplace (city or place)

Mexico
(State or country)

13. Occupation

Nature of industry

miner

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

2

(b) Born alive but now dead

none

(c) Stillborn

none

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 9 a. m. on the date above stated

(Born alive or stillborn.)

Signature

D. J. Jodelson

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from

a supplemental report

Month, day, year

Address

Maui Ave

Filed

May 3 1925

C. E. Jovin

Registrar

Registrar

129-430-429

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.

WRITE PLAINLY WITH BLUE INK—THIS IS A PERMANENT RECORD