LACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 3298

Registered No.

County Maricopa State ARIZONA

Township or Village

City Litchfield No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Mariano Acuno { If child is not yet named, make supplemental report, as directed

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 May 21, 1926 (Month, day, year)

FATHER

Full name Pedro Acuna

Residence (usual place of abode) (If non-resident, give place and State) Litchfield

Color or race Mexican | 12. Age at last birthday 32 (Years)

Birthplace (city or place) (State or country) Mexico

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

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

16. Date (month and year) last engaged in this work , 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Esther Ferra

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

20. Color or race Mexican | 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) (State or country) Mexico

OCCUPATION

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

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

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 5 (At time of this birth and including this child) (a) Born alive and now living 4 (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 7 P.M. 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.

(Signed) Esther Ferra, ~~M. D.~~

or Mother, ~~Midwife~~

Address Litchfield Park Ariz

Filed 8-2, 1934 L. Ferra

Given name added from a supplemental report (Date of)

Registrar. Registrar.

10M 1-31-34 MS—49982 FORM NO. 2

Witnessed the mother's signature in this Office. 8-1-34

416-521-56 G.C.T. (B)