ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 151 a2

Registered No. 183

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: Julia Quidera. (If child is not yet named, make supplemental report, as directed)

3. Sex: female. If plural births: 4. Twin, triplet, or other: 5. Number, in order of birth: 6. Premature: Full term: 7. Is mother married? yes. 8. Date of birth: 19. of Sept., 1926 (Month, day, year)

FATHER

9. Full name: Jenovevo Quidera.

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

11. Color or race: Mexican. Age at last birthday: 27. (Years)

13. Birthplace (city or place) (State or country): Mexico.

OCCUPATION

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

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: Adelaida Varrios.

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

20. Color or race: Mexican. Age at last birthday: 21. (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.: House Work.

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 (At time of this birth and including this child) (a) Born alive and now living: 2. (b) Born alive but now dead: 0. (c) Stillborn: 0.

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 (Born alive or stillborn) at 5. A.M. m. on the date above stated

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

(Signed) C. F. Perkins, M. D.

or, Midwife

Address Winkelman, Ariz.

Given name added from a supplemental report 1-81-919-152 (Date of)

Registrar.

Filed Dec. 12, 1935. C. J. M. Orton Registrar.

10M 7-19-35 Form No. 2 MS