

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 1

Registered No. _____

Arizona _____

1. PLACE OF BIRTH

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

2. Full name of child

Natalia Vasquez (If child is not yet supplemental report)

3. Sex

Female

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term X

7. Legitimate?

Yes

8. Date of birth

Oct 6th
(Month, day, year)

9. Full name

FATHER

Miguel Vasquez

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

Hayden Ariz.

11. Color or race

Mex.

12. Age at last birthday 36 (Years)

13. Birthplace (city or place)

(State or country) Toluca Mexico

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

Farmer

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

19__

18. Full maiden name

MOTHER

Antonia Moraga

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

Hayden

20. Color or race

Mex.

21. Age at last birthday 31

22. Birthplace (city or place)

(State or country) Sierra Bonita Arizona

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

26. Total time (years) spent in this work

19__

27. Number of children of this mother (At time of this birth and including this child)

(a) Born alive and now living 7 (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 10:00 A.M. on the date above (Born alive or stillborn)

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

(Signed)

E. Castro Moraga

or _____

Address Hayden

Given name added from 59-1006-141

(Date of)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.