MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 134 a

Registered No. 150

1. PLACE OF BIRTH

County Gila State ARIZONA

Township Miami or Village

City No. St. Ward

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

2. Full name of child Armando Rivero (If child is not yet named, make supplemental report, as directed)

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

FATHER

9. Full name Carmen Rivero

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

11. Color or race mex. | 12. Age at last birthday (Years)

13. Birthplace (city or place) Paral Chih. Mexico (State or country)

OCCUPATION

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

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

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

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Emilia Fimbres

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

20. Color or race mex. | 21. Age at last birthday 25 (Years)

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

OCCUPATION

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

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

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

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

(Signed) Emilia F de Rivero (mother), M. D.

or, Midwife

Given name added from a supplemental report (Date of)

Address

Filed Oct. 26, 1935 C. M. Cron Registrar.

Chas E Hardy Justice of the Peace Registrar.

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

196-1107-562