

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 148-a
Registered No. 393

1. PLACE OF BIRTH

County Jela State Arizona
Township _____ or Village _____
City Miami No. _____ St. _____ Ward _____

2. Full name of child Catalina Ortega (If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex <u>Female</u>	If plural births	4. Twin, triplet, or other	6. Premature Full term	7. Legitimate? <u>Yes</u>	8. Date of birth <u>Sept 14, 1927</u> (Month, day, year)
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9. Full name **FATHER**
Jesús Ortega

10. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz

11. Color or race Mex 12. Age at last birthday 20 (Years)

13. Birthplace (city or place) (State or country) Carisal Chihuahua

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

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

17. Total time (years) spent in this work

18. Full maiden name **MOTHER**
Catalina Ortega

19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz

20. Color or race Mex 21. Age at last birthday 16 (Years)

22. Birthplace (city or place) (State or country) Ray Ariz

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

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (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 P.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) D. F. Perkins, M. D.
or C. F. Perkins, Midwife
Address Jan 2, 1932 10. C. Drinn
Filed _____, 1932 _____ Registrar.

Given name added from a supplemental report
361-914-371 (Date 3-7-31)
Registrar.