

STATE RETURN must be made for each, and the number of each birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 122-AA
Registered No. 141

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Miami No. 21 Live Oak Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Maria S. Ausere { If child is not yet named, make supplemental report, as directed

3. Sex male If plural births _____ 4. Twin, triplet, or other _____ 6. Premature _____ 7. Legitimate? yes 8. Date of birth Sept 29, 1929
(Month, day, year)

9. Full name Jose Perez Ausere FATHER
10. Residence (usual place of abode) Miami, Ariz.
(If nonresident, give place and State)
Color or race Cauc. 12. Age at last birthday 51 (Years)

18. Full maiden name Josephine Sanchez MOTHER
19. Residence (usual place of abode) Miami Ariz.
(If nonresident, give place and State)
Color or race Cauc. 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) Navas
(State or country) Spain

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(State or country) Spain

4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. mining
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 _____

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 3 (b) Born alive but now dead 3 (c) Stillborn _____

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____ { Before labor or During labor }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 5:45 a.m. on the date above stated (Born alive or stillborn)

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

(Signed) Cyril M. Brown, M.D.

Given name added from a supplemental report _____ (Date of) _____

Address Miami - Arizona _____ Midwife

115-929-129 Registrar.

Filed Jan 25 1930 Registrar.