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Blanche  
Manuelita Munguia

REMARKS, OBSERVED FOR ... THIS IS A PERMANENT RECORD ...

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH  
County Graham State ARIZONA  
Township \_\_\_\_\_ Village \_\_\_\_\_  
City Morenci No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Munguia  
3. Sex F 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Premature \_\_\_\_\_ 7. Married YRS 8. Date of birth Nov. 21, 1903  
(Month, day, year)

9. Full name FATHER  
Munguia, Alberto  
10. Residence (usual place of abode) \_\_\_\_\_  
(If non-resident, give place and State)  
11. Color or race MEX. 12. Age at last birthday 29 (Years)  
13. Birthplace (city or place) \_\_\_\_\_  
(State or country) U.S.  
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.  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 19\_\_\_\_  
17. Total time (years) spent in this work \_\_\_\_\_

18. Full name MOTHER  
Isabel Suarez M  
19. Residence (usual place of abode) \_\_\_\_\_  
(If non-resident, give place and State)  
20. Color or race \_\_\_\_\_ 21. Age at last birthday 29 (Years)  
22. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico  
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 saw mill, 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 (3rd.)  
(At time of this birth and including this child) (a) Born alive and now living \_\_\_\_\_ (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 \_\_\_\_\_ 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.)  
Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_  
(Signed) Gilliam \_\_\_\_\_ M. D.  
or \_\_\_\_\_ Midwife  
Address \_\_\_\_\_  
Filed \_\_\_\_\_ 19\_\_\_\_ A. C. Gilliam Registrar

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