

**CERTIFICATE AMENDED *
SEE NOTATION ***

**NAMES AMENDED PER AFFIDAVIT AND CERTIFICATE
OF BAPTISM DATED 1-7-27 (G-27-73ama)**

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 145

County Registrar No. _____

Local Registrar No. 27

No. 108 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child GILBERT CONTRERAS Judith Madrid **MADRID** { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth Jan. 7, 1927
Month Day Year

8. FATHER Full name EDMUNDO LIMENEZ MADRID
Edmundo Madrid

14. MOTHER Full maiden name Solidad Contreras

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

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If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 25 (Years)

16. Color or race Mex. 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Clifton
(State or country) Arizona

18. Birthplace (city or place) Juarez, Chih.
(State or country) Mex.

13. Occupation Laborer
Nature of industry Mining

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn.) at 11 P. m. on the date above stated

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Teron M.D. (Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 7, 1927 H. E. J. Jr. Local Registrar.
Month, day, year
Registrar _____ Filed _____ 19 _____ County Registrar _____

744-107-232

N. B.—If a SEPTEMBER RETURN must be made, or schedule and number of each in order of birth stated.