

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

State File No. 154
 Registered No. 96

1. PLACE OF BIRTH

County Gila State Ariz
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____

2. Full name of child Maria Andrade (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 of Child Mail To be answered ONLY in event of plural births. 4. Twin, triplet or other trip 5. No., in order of birth 1st 6. Legitimate? Yes 7. Date of birth 3-16-1927
 Month Day Year

8. FATHER Full name Guadalupe Andrade

14. MOTHER Full maiden name Clara Zapata

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

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

10. Color or race Mex 11. Age at last birthday 27 (Years)

16. Color or race Mex 17. Age at last birthday 19 (Years)

12. Birthplace (city or place) San Lorenzo
 (State or country) Chihuahua

18. Birthplace (city or place) Coronado
 (State or country) Ariz

13. Occupation Nature of industry Miner

19. Occupation Nature of industry house wife

20. Number of children of this mother 5
 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4
 (b) Born alive but now dead 1
 (c) Stillborn 0

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 at Miami 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature L. M. Castillo
 (Physician or midwife)

Given name added from a supplemental report. Month, day, year

Address Miami Ariz

Filed March 18, 1927 C. E. Doris
 Registrar

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth sent.

415-316-321