

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 167
County Registrar No. 145
Local Registrar No. 145

PLACE OF BIRTH
1. County of Pila
District of _____
Town of Miami
or
City of _____

No. 27 Mexican Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Anna Medina { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	6. Legitimate?	7. Date of birth <u>April 17 1927</u> Month Day Year
		5. No., in order of birth	<u>yes</u>	

8. FATHER
Full name Donaciano Medina

14. MOTHER
Full maiden name Amalia De la Riva

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

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

10. Color or race
Mexican

16. Color or race
Mexican

11. Age at last birthday 35 (Years)

17. Age at last birthday 32 (Years)

12. Birthplace (city or place)
(State or country) Mexico

18. Birthplace (city or place)
(State or country) Mexico

13. Occupation Common laborer
Nature of industry Copper Smelter

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 5
(b) Born alive but now dead 6
(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 alive at 9 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. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. Dr. Miller
(Physician or midwife)
Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed Apr 20, 1927 C. E. Drinn
Local Registrar.

Registrar _____ Filed _____, 19____
County Registrar.

441-417-141

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ach, and the num.
must be made
order of birth stated