ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 198

Registered No. 223

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ____ or Village ____

City Miami No. 64 Grover Canon St. ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female — To be answered ONLY in event of plural births.

4. Twin, triplet or other ____

5. No., in order of birth ____

6. Legitimate? yes

7. Date of birth May 28 1927 (Month Day Year)

8. FATHER

Full name Faustino Medina

9. Residence (Usual place of abode) Miami

If non-resident, give place and state. Arizona

10. Color or race Mex.

11. Age at last birthday 36 (Years)

12. Birthplace (city or place) Aguas Calientes (State or country) Mex.

13. Occupation Laborer

Nature of industry Mining

14. MOTHER

Full maiden name Petronila Montes

15 Residence (Usual place of abode) Miami.

If non-resident, give place and state. Arizona

16 Color or race Mex.

17. Age at last birthday 33 (Years)

18. Birthplace (city or place) Aguas Calientes, (State or country) Mex.

19. Occupation

Nature of industry Housewife

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 7

(b) Born alive but now dead 1

(c) Stillborn none

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 alive (Born alive or stillborn.) at 6 30 A. 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. Crow M.D.

Physician (Physician or midwife)

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

Address Miami, Arizona

Registrar

Filed June 8, 1927 C. E. Fox Registrar

441 — 528 — 742

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

MARGIN RESERVED FOR BINDING