

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

State File No. 1291  
 Registered No. 376

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 6 Line Oak Canyon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Carolina Diaz

If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

To be answered ONLY in event of plural births.

**4. Twin, triplet or other**

**6. Legitimate?**

**7. Date of birth**

Female

5. No., in order of birth \_\_\_\_\_

yes

Aug. 6 - 1927  
 Month Day Year

**FATHER**

Full name Antonio Diaz  
 Residence (Usual place of abode) Miami - Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 10. Color or race Mex.  
 11. Age at last birthday 29 (Years)  
 Birthplace (city or place) El Paso, Texas  
 (State or country) \_\_\_\_\_

**MOTHER**

14. Full maiden name Refugio Garcia  
 15. Residence (Usual place of abode) Miami - Arizona  
 If non-resident, give place and state. \_\_\_\_\_  
 16. Color or race Mex.  
 17. Age at last birthday 24 (Years)  
 18. Birthplace (city or place) Chihuahua Mex.  
 (State or country) \_\_\_\_\_

**12. Occupation**

Nature of industry Garage man

**19. Occupation**

Nature of industry Housewife

**9. Number of children of this mother**

(a) Born alive and now living 3  
 (b) Born alive but now dead 1  
 (c) Stillborn \_\_\_\_\_

**21. Were precautions taken against ophthalmia neonatorum?**

Taken as of time of birth of child herein certified and including this child.

yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was stillborn at 12:20 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 Cyril M. Brown M.D.

Physician (Physician or midwife).

Address Miami, Ariz.

Filed Aug 15, 1927 C. E. Dray Registrar

Given name added from supplemental report \_\_\_\_\_

Registrar

349-806-971