

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

State File No. 31579
 Registered No. 367

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1030 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clena Olvera (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 _____ 6. Legitimate? yes 7. Date of birth Aug. 18 - 1927
 Month _____ Day _____ Year _____

8. FATHER
 Full name Ancil Olvera
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 10. Color or race Mex.
 11. Age at last birthday 21 (Years)
 12. Birthplace (city or place) Poland, Arizona
 (State or country) _____
 13. Occupation
 Nature of industry Truckman

14. MOTHER
 Full maiden name Maria Lina
 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 17 (Years)
 18. Birthplace (city or place) Mitcalf, Ariz
 (State or country) _____
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother _____ (a) Born alive and now living 1 _____
 taken as of time of birth of child herein (b) Born alive but now dead 1 _____
 certified and including this child. (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 hereby certify that I attended the birth of this child, who was born alive at 9:40 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 Loyd M. Brown M.D.
Physician (Physician or midwife)

Address Miami, Arizona
 Given name added from a supplemental report _____
 Month, day, year _____
 Filed Aug 25, 27 L. E. Davis
 Registrar

561-818-431