

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

State File No. 439
 Registered No. 403

1. PLACE OF BIRTH

County Yuma State Arizona
 District or Township _____ or Village _____
 City Miami No. #17 Miami Ave. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth Sept 12, 1927
 Month Day Year

8. FATHER
 Full name Pilar Macias

14. MOTHER
 Full maiden name Almetria Sandoval

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

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 If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 25 (Years)

16. Color or race Mexican 17. Age at last birthday 13 (Years)

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

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

13. Occupation miner
 Nature of industry Copper

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 6
 (b) Born alive but now dead 0
 (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 alive at 5 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 Charles E. Jinn, M.D.
Miami Arizona
 (Physician or midwife)

Given name added from _____ Address _____
 a supplemental report. Month, day, year
 Filed Sept 20, 27 C. E. Jinn
 Registrar Registrar

742-912-423