

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

State File No. 1552  
 Registered No. 525

PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 229 Depot Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Orlando Olivas If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>Oct. 22, 1927</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER  
Full name Jose Olivas

14. MOTHER  
Full maiden name Refugia Padilla

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 Mex.  
 11. Age at last birthday 28 (Years)

16. Color or race Mex.  
 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Chihuahua, Mex  
 (State or country)

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

13. Occupation  
Nature of industry Miner

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 3  
 (b) Born alive but now dead 1  
 (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 born alive at 2<sup>30</sup> 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 Loyrl M. Brown M.D.  
Physician  
 (Physician or midwife)

Given name added from \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Dec 16, 27 R. E. Drury  
 Registrar Registrar

662-1022-971

REPARA E I  
 ORDRE DE BIRT.