

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

State File No. 158  
Registered No. 469

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 501 Skyline Trail St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Marina Calzadiaz 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**

Oct. 24-1927  
Month Day Year

**8. FATHER**  
Full name Juan Calzadiaz

**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** 40 (Years)

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

**13. Occupation**  
Nature of Industry Miner

**14. MOTHER**  
Full maiden name Joseph Estrada

**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** 35 (Years)

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

**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 \_\_\_\_\_  
(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 3 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. Lerow M.D.  
Physician  
(Physician or midwife)

Address Miami, Arizona

Filed Nov 11, 1927  
Registrar

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar \_\_\_\_\_

439-1024-151