

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

State File No. 93  
 Registered No. 521

**1. PLACE OF BIRTH**

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

2. Full name of child Maria Adelina Marquez { 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  
 5. No., in order of birth \_\_\_\_\_ 7. Date of birth 27-2-1927  
Month Day Year

8. FATHER  
 Full name Salvador Marquez

14. MOTHER  
 Full maiden name Francisca Pedraza

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

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

10. Color or race White 11. Age at last birthday 29 (Years)

16. Color or race White 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) S. Juan de los Rios Jalisco  
(State or country)

18. Birthplace (city or place) S. Juan de los Rios Jalisco - Mex.  
(State or country)

13. Occupation  
 Nature of industry Journeyman

19. Occupation  
 Nature of industry house wife

20. Number of children of this mother 3 (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? negative

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 I hereby certify that I attended the birth of this child, who was born alive at 3:45 p. m. on the date above stated  
(Born alive or stillborn.)

Signature J. Jameson Wideman  
(Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address Box 1666, Miami aviz

Month, day, year \_\_\_\_\_ Filled Dec 14, 1927 S. E. Davis  
 Registrar Registrar

449-1202-699

order of birth notified.