

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

State File No. 7152  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona

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

City Miami No. 131 Grover Canyon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celia Vasquez { 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 of birth Dec. 31-1928  
Month Day Year

8. FATHER  
 Full name Arcadio Vasquez  
 9. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 40 (Years)

12. Birthplace (city or place) Aguas Calientes  
 (State or country) Mex.

13. Occupation Smelter man  
 Nature of industry Int. Smelter

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 8  
 (b) Born alive but now dead 1  
 (c) Stillborn \_\_\_\_\_

14. MOTHER  
 Full maiden name Timotea Garcia  
 15. Residence (Usual place of abode) Miami  
 If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 37 (Years)

18. Birthplace (city or place) Solomonville  
 (State or country) Arizona

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

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 1:30 A.M. on the date above stated  
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.  
 \_\_\_\_\_  
 (Physician or midwife).

\*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.

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona

Month, day, year \_\_\_\_\_  
 Filed Jan 12, 1928 C. E. Dorin  
 Registrar Registrar

359-1231-371

1. Name of child, sex, date of birth, and place of birth, as stated in the order of birth stated.