179

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 15136

Registered No. 15

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ____ or Village ____

City Miami No. 3018 Turkey Shoat St., ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elisa Carbojal {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 Jan. 6 - 1930. (Month Day Year)

FATHER

8. Full name Lazaro Carbojal

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 20 (Years)

12. Birthplace (city or place) Durango

(State or country) Mex.

13. Occupation

Nature of industry Mining

MOTHER

14. Full maiden name Santos Reyes

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 21 (Years)

18. Birthplace (city or place) Chihuahua

(State or country) Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 1st

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(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 (Born alive or stillborn.) at 8 30 A m. on the date above stated.

* 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. Crow M.D.

Physician (Physician or midwife).

Address Miami, Arizona.

Given name added from a supplemental report ____ Month, day, year

Registrar

Filed Jan 15, 1930 C. E. Jones Registrar

533 - 106 - 292

N. B.—In case of more than one child at a birth, a SEPARATE RECORD must be made for each, and the number of each in order of birth stated.