

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

State File No. 205
Registered No. 110

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 69 Pinaloa St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Stillborn (6 months) (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 January - 24 - 1930
Month Day Year

8. FATHER Full name Francisco de la Paz

14. MOTHER Full maiden name Concepcion Mercado

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

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If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 32 (Years)

16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Saltiquil de Alto
(State or country) Jalisco - Mexico

18. Birthplace (city or place) Jalisco de Alto
(State or country) Jalisco - Mex

13. Occupation Journeyman
Nature of industry

19. Occupation House wife
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1 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 Stillborn at 3 1/2 p.m. on the date above stated.
(Born alive or stillborn)

Signature J. J. Gomez (Physician or midwife)

Given name added from a supplemental report _____ Address P.O. Box 1660 Miami Arizona

Month, day, year _____ Filed Feb 10 1930 Registrar C. E. King

049 - 1211 - 3410

order of birth stated.