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

State File No. _____
Registered No. 474

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____
City Miami No. 1044 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadalupe Juarez { 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. 25-1930.
Month Day Year

8. FATHER
Full name Julian Juarez
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex.
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Chihuahua Mex.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Elisa de la Fuente
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 27 (Years)
18. Birthplace (city or place) Prescott Arizona
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother _____ } (a) Born alive and now living 3
(Taken as of time of birth of child herein certified and including this child.) 5 } (b) Born alive but now dead 2
(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 at 3 A. 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 Lynil M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Feb 1, 1930 W. E. Dinn Registrar

Registrar

119-125-525

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