

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 274 287  
Registered No. 1128

**1. PLACE OF BIRTH**

County Maricopa State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 32 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 Teresa Marquez } If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>January 29 - 1930</u> Month Day Year
		5. No., in order of birth.....		

**8. FATHER**  
Full name Salvador Marquez

**14. MOTHER**  
Full maiden name Francisca Ramirez

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

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If non-resident, give place and state. Ariz

10. Color or race Mexican

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11. Age at last birthday 32 (Years)

17. Age at last birthday 29 (Years)

12. Birthplace (city or place) S. Juan de los Lagos  
(State or country) Jalisco - Mexico

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(State or country) Jalisco - Mex

13. Occupation miner  
Nature of Industry \_\_\_\_\_

19. Occupation \_\_\_\_\_  
Nature of Industry house wife

20. Number of children of this mother 4 } (a) Born alive and now living 4  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1  
(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 5 1/2 a.m. on the date above stated.  
(Born alive or stillborn)

Signature J. Gomez Aleman M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address P.O. Box 1666 Miami Ariz  
Filed Feb 10 1930 Registrar C. E. Jones

EACH IN ORDER OF GIVEN SEQUENCE.

349-129-699