

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

283 9.35
 State File No. 68
 Registered No. 68

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 815 Live oak St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carmen Alvarez
 (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. _____ 6. Legitimate? Yes
 5. No., in order of birth _____ 7. Date of birth January 30 1930
 Month Day Year

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

14. MOTHER
 Full maiden name Maria Louisa Rodriguez
 15. Residence (Usual place of abode) Miami, Arizona
 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 24 (Years)

12. Birthplace (city or place) _____
 (State or country) Mexico

18. Birthplace (city or place) _____
 (State or country) Mexico

13. Occupation miner
 Nature of industry Copper

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother 5
 (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living 5
 (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 alive at 9:10 P m. on the date above stated.
 (Born alive or stillborn)

Signature J. J. Miller

 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 Filed Feb 1, 1930 Registrar J. E. ...

319-130-499