

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.

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

State File No. 149
Registered No. 86

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 72 Groner Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Jiminez } 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. 0 6. Legitimate? yes 7. Date of birth Feb. 1-1930
5. No., in order of birth. _____ Month Day Year

8. FATHER
Full name Francisco Jiminez

14. MOTHER
Full maiden name Maria Torres

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

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

10. Color or race Mex.

11. Age at last birthday 31 (Years)

16. Color or race Mex.

17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Jalisco Mex.
(State or country)

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

13. Occupation
Nature of Industry Smelter

19. Occupation
Nature of Industry Housewife

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. 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 at 7:40 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 Lyril M. Brown M.D.
Physician
(Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona
Month, day, year _____ Filed Feb. 11, 1930 C. E. Jimin
Registrar. Registrar.

1919-201-432