

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 157  
Registered No. 157

208

1. PLACE OF BIRTH

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. Live Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ortenzia Ferrales } 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 Feb. 27-1930  
Month Day Year

8. FATHER  
Full name Fernando Ferrales  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona.  
10. Color or race Mex.  
11. Age at last birthday. 33 (Years)  
12. Birthplace (city or place) Guarez Mex.  
(State or country)  
13. Occupation  
Nature of Industry Miner

14. MOTHER  
Full maiden name Margarita Lugo  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Arizona.  
16. Color or race Mex.  
17. Age at last birthday. 23 (Years)  
18. Birthplace (city or place) Chihuahua Mex.  
(State or country)  
19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living. 1  
(Taken as of time of birth of child herein } (b) Born alive but now dead. 2  
certified and including this child.) } (c) Stillborn 0 } 21. Were precaution 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 4 A. M. on the date above stated.  
(Born alive or stillborn)

Signature Loyd M. Brown M.D.  
Physician  
(Physician or midwife.)

Given name added from a supplement report. \_\_\_\_\_ Address Miami, Arizona.

Month, day, year \_\_\_\_\_ Filed April 8 1930 Registrar C. E. Davis

Regist. 227-436

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