

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 136  
Registered No. 133

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 1149 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 Philippe Ponce } 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 \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth March 5-1930  
Month Day Year

8. FATHER  
Full name Philippe Ponce

14. MOTHER  
Full maiden name Elisa Calvillo

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 27 (Years)

16. Color or race Mex.

17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Agua Caliente Mex.  
(State or country)

13. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 2 } (a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn \_\_\_\_\_

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 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 supplemental report. \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_

File April 19 30 E. E. Drinn  
Registrar. Registrar.

State at order of birth certified.

75-305-530