

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 138
Registered No. 120

1. PLACE OF BIRTH

County Coila State Arizona

District or Township _____ or Village _____

City Miami No. 524 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. Margarita Felicitas Pedroza } If child is not yet named, make supplemental report, as directed.

3. Sex of Child } To be answered ONLY in event of plural births. } female }
4. Twin, triplet or other. _____ }
5. No., in order of birth. _____ } 1st }
6. Legitimate? } Yes }
7. Date of birth March-6-1930
Month Day Year

8. FATHER
Full name Pedro Pedroza
9. Residence (Usual place of abode) Mexico
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 31 (Years)
12. Birthplace (city or place) San Juan de los Lagos
(State or country) Jalisco - Mex.
13. Occupation Tailor
Nature of Industry _____

14. MOTHER
Full maiden name Maria Gonzalez
15. Residence (Usual place of abode) Miami
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 25 (Years)
18. Birthplace (city or place) San Juan de los Lagos
(State or country) Jalisco - Mexico
19. Occupation House wife
Nature of Industry _____

20. Number of children of this mother. 4 } (a) Born alive and now living. 4
(Taken as of time of birth of child herein } (b) Born alive but now dead. 0
certified and including this child.) } (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 4:42 p.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 J. J. Gomez, Alumna M.D.
(Physician or midwife.)

Given name added from _____
supplemental report _____
Month, day, year _____
Address P.O. Box #1666 Miami Ariz
March 30 1930 R. G. Dora
Filed _____ 19 _____
Registrar. _____ Registrar.

471-306-479