

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 158

Registered No. 135

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township _____

or Village _____

City Miami

No. 44 Davis Canon

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Louisa Amador

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 _____

6. Legitimate? yes

7. Date

of birth March 10-1930
Month Day Year

5. No., in order of birth _____

8. FATHER

FATHER

Full name Roberto Amador

14. MOTHER

MOTHER

Full maiden name Annie Mendoza

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 22 (Years)

16. Color or race Mex

17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Mexico

(State or country)

18. Birthplace (city or place) Sturley, New 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.) 1

(a) Born alive and now living 1

(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 6:30 p.m. on the date above stated.

(Born alive or stillborn)

Signature Loyd M. Brown M.D.

Physician

(Physician or midwife.)

*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.

Given name added from supplemental report.

Address Miami, Arizona

Month, day, year

Filed Apr 7, 1930

Registrar.

Registrar.

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