

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

State File No. 181

Registered No. 143

1. PLACE OF BIRTH

County Sila State Arizona
 District or Township _____ or Village _____
 City Miami No. 3118 Loomis av St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 } If child is not yet named, make
 } supplemental report, as directed.

2. Full name of child Jose Tapia

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 - 19 - 1930
 Month Day Year

8. FATHER
 Full name Celeofas Tapia
 9. Residence (Usual place of abode) Crisotyl
 If non-resident, give place and state. Arizona
 10. Color or race Mexican
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Tepic, Jalisco
 (State or country) Mexico
 13. Occupation miner
 Nature of Industry _____

14. MOTHER
 Full maiden name Maria Celeofas Marquez
 15. Residence (Usual place of abode) Crisotyl
 If non-resident, give place and state. Arizona
 16. Color or race Mexican
 17. Age at last birthday 17 (Years)
 18. Birthplace (city or place) Tepic, Jalisco
 (State or country) Mexico
 19. Occupation House wife
 Nature of Industry _____

20. Number of children of this mother 1 } (a) Born alive and now living 1
 (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 Protargol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 7 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. Jimenez Alonzo M.D.
 (Physician or midwife.)

Given name added from a supplemental report _____
 Address P.O. Box 1666 Miami, Arizona
 Month, day, year _____
 Filed March 20 1930 Registrar W. E. Brown

131-319-449