

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 184
Registered No. 142

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 3114 Turkey Shoot Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Josephina Reyes } If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female } To be answered ONEY in event of plural births. } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth March 19-1930
Month Day Year

8. FATHER
Full name Celso Reyes
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

14. MOTHER
Full maiden name Ramona Pives
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex. 11. Age at last birthday 47 (Years)

16. Color or race Mex 17. Age at last birthday 40 (Years)

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

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

13. Occupation
Nature of Industry Miner

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother. } (a) Born alive and now living 8
(Taken as of time of birth of child herein } (b) Born alive but now dead 8
certified and including this child.) 16 } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE - 30

I hereby certify that I attended the birth of this child, who was born alive at 12:4 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 Cyril M. Brown, M.D. 1930
Physician
(Physician or midwife.)

Given name added from a supplement report _____ Address Miami, Arizona

Month, day, year _____ Filed March 19 30 Lo E Drvin
Registrar. Registrar.

192-319-992