

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 190

Registered No. 148

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 1015 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Francisco Magdeleno } 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 Mch. 22-1930
Month Day Year

8. FATHER
Full name Francisco Magdeleno

14. MOTHER
Full maiden name Juana Santano

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex

16. Color or race Mex

11. Age at last birthday 23 (Years)

17. Age at last birthday 22 (Years)

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

18. Birthplace (city or place) Jalisco
(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 2
(Taken as of time of birth of child herein } (b) Born alive but now dead 0
certified and including this child.) 4 } (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 12 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 Cyril M. Brown M.D.
Physician
(Physician or midwife.)

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

Month, day, year _____ Filed April 30 C. E. Irvine
Registrar. Registrar.

6116-322-126