

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 154 200

1. PLACE OF BIRTH

County Guan State \_\_\_\_\_  
District or Township \_\_\_\_\_ of Village 4132  
City Mazatlán No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pedro Macias  
(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. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Feb 26 1930  
Month Day Year

8. FATHER  
Full name Agustín Macias

14. MOTHER  
Full maiden name Lucelada

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

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

10. Color or race Mex

16. Color or race Mex

11. Age at last birthday.....(Years) \_\_\_\_\_

17. Age at last birthday.....(Years) \_\_\_\_\_

12. Birthplace (city or place) Mexico  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation  
Nature of Industry Printer

19. Occupation  
Nature of Industry Homemaker

20. Number of children of this mother. 8 } (a) Born alive and now living \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 1  
(c) Stillborn \_\_\_\_\_

21. Were precaution taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ 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 Agustin O. Brainerd  
(Physician or midwife.)

ven name added from supplemental report \_\_\_\_\_ Address \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Registrar. W. E. Dorn Registrar.

Filed Feb 31 1930

747 - 326 - 500