

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

State File No. 209
 Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township Christmas or Village _____
 City Christmas No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Maria Ortiz. 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
 5. No., in order of birth _____ 7. Date of birth March 30 1930
Month Day Year

8. FATHER
 Full name Andres Ortiz.

14. MOTHER
 Full maiden name Sofia Vega.

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

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

10. Color M race
Mexican

11. Age at last birthday 42 (Years)

16. Color or race
Mexican

17. Age at last birthday 19 (Years)

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

18. Birthplace (city or place) Silver City
(State or country) New Mexico.

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry House wife.

20. Number of children of this mother One
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living One
 (b) Born alive but now dead None
 (c) Stillborn None

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 7 A. 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. W. Davis, M.D.

 Physician (Physician or Midwife).

Given name added from a supplemental report _____ Address Christmas Arizona,
 Month, day, year _____

Filed April 10 1930 P. J. Hutton
 Registrar Registrar

169-300-251

STATE OF ARIZONA