

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 61
Registered No. _____

1. PLACE OF BIRTH

County Cochise State Arizona

District or Township _____ or Village _____

City Douglas No. 637-6th St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ } 5. No., in order of birth. 5 } 6. Legitimate? yes } 7. Date of birth April-14-1930
Month Day Year

8. FATHER
Full name Guadalupe Diaz
9. Residence (Usual place of abode) 637 6th St
If non-resident, give place and state.
10. Color or race Mexican
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Lampazos
(State or country) Sonora, Mexico
13. Occupation
Nature of Industry Laborer

14. MOTHER
Full maiden name Maria Silva
15. Residence (Usual place of abode) 637-6th St
If non-resident, give place and state.
16. Color or race Mexican
17. Age at last birthday 39 (Years)
18. Birthplace (city or place) Tacupito
(State or country) Sonora, Mexico
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 5 } (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead. 0 } (c) Stillborn _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 10 a.m. on the date above stated.
(Born alive or stillborn)

Signature Carmen Ramirez (Physician or midwife.)

Given name added from a supplement report. _____ Address 501-5th St

Month, day, year 149-414-421 Filed 9/1 30 Registrar [Signature]

each in order of birth stated.