

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

State File No. 170
 Registered No. 198

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 Ophelia Macias
If child is not yet named, make supplemental report, as directed.

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

8. FATHER
 Full name Fausto Macias

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

10. Color or race Mex. 11. Age at last birthday 24 (Years)

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

13. Occupation
 Nature of Industry Miner

14. MOTHER
 Full maiden name Socarra Valdepena

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

16. Color or race Mex 17. Age at last birthday 19 (Years)

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

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother. 2 } (a) Born alive and now living 2
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
 (c) Stillborn _____ 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 5 P. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Cron M.D.
(Physician or midwife)

Address Miami, Arizona
 Filed May 17, 1930 Registrar H. E. Jones

Given name added from a supplement report.
 Month, day, year
642-414-251
 Registrar.

*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.