

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 172

Registered No. 176

I. PLACE OF BIRTH

County Gila State Arizona
 District or Township Lower Miami or Village _____
 City Miami No. 52 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

| | | | | |
|-------------------------------|--|--------------------------------|---------------------------|---|
| Sex of Child <u>Female</u> | To be answered ONLY in event of plural births. | 4. Twin, triplet or other..... | 6. Legitimate? <u>yes</u> | 7. Date of birth <u>April 14 1930</u> Month Day Year |
| | | 5. No., in order of birth..... | | |

FATHER

Full name Francisco Guzman

Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Mexican

11. Age at last birthday 36 (Years)

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

13. Occupation Laborer, Leaching Plant
Nature of Industry Copper mine

MOTHER

14. Full maiden name Maria Refugia Campos

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

16. Color or race Mexican

17. Age at last birthday 34 (Years)

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

19. Occupation Housewife
Nature of Industry

| | | |
|---|--|--|
| 20. Number of children of this mother <u>7</u> (Taken as of time of birth of child herein certified and including this child.) | (a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>2</u> (c) Stillborn <u>0</u> | 21. Were precautions taken against ophthalmia neonatorum? <u>yes</u> |
|---|--|--|

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 11:40 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 J. J. Miller
(Physician or midwife.)

Given name added from a supplemental report. Month, day, year 4 15 - 11 - 1930 Address Miami, Arizona
 Registrar. J. E. [Signature] Filed Apr 20 30 1930 Registrar.