

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 173

Registered No. 177

PLACE OF BIRTH

County Gila

State Arizona

District or Township

City Miami

or Village

P.O. Box 823 Miami, Ariz.

No. 7 Porto Rico Hill

St. \_\_\_\_\_ Ward \_\_\_\_\_

Full name of child

Carmela Viera

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

yes

6. Legitimate?

7. Date of birth April 14 - 1930  
Month Day Year

8. Full name

FATHER

Antonio Viera

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 55 (Years)

12. Birthplace (city or place)

(State or country)

Sinaloa

Mex.

13. Occupation

Nature of Industry

Mechanic

14. Full maiden name

MOTHER

Alejandra Valdez

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday 29 (Years)

18. Birthplace (city or place)

(State or country)

Sinaloa

Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein certified and including this child)

6

(a) Born alive and now living 5

(b) Born alive but now dead 0

(c) Stillborn 0

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 12 A. m. on the date above stated.  
(Born alive or stillborn)

Signature

Cyril M. Brown, M.D.  
Physician

(Physician or midwife.)

Address

Miami, Arizona

Given name added from a supplemental report

Month, day, year

351-414-159

Registrar

Filed

Apr 20 30

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Registrar