

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 437
Registered No. 362

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 522 Gibson St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Carlos Balderrame } 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 _____ } 5. No., in order of birth _____ } 6. Legitimate? yes } 7. Date of birth May 2 - 1930
Month Day Year

8. FATHER
Full name Cecelio Balderrame
9. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Chihuahua Mex
(State or country)
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Ampara Lopez
15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 17 (Years)
18. Birthplace (city or place) Jalis co Mex
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1 } (a) Born alive and now living 1 } 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 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

Given name added from _____ Address Miami, Arizona

Month; day, year _____ Filed June 17, 1930 Registrar B. E. Jones

325-502-139