ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. *468*

Registered No. *367*

1. PLACE OF BIRTH

County *Gila*   State *Arizona*

District or Township _____   or Village _____

City *Miami*   No. *700 A Live Oak St.*   St., _____ Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Maria Louisa Madrid*   } 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 _____

6. Legitimate? *yes*

7. Date of birth *May 11 - 1930*
Month Day Year

8. FATHER

Full name *Marcial Madrid*

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

10. Color or race *Mex.*

11. Age at last birthday *29* (Years)

12. Birthplace (city or place) *Chihuahua Mex.*
(State or country)

13. Occupation
Nature of Industry *Miner*

14. MOTHER

Full maiden name *Guadaloupe Perez*

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

16. Color or race *Mex.*

17. Age at last birthday *25* (Years)

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

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.) *3*

(a) Born alive and now living *3*
(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 *2-45 A.* 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 *Cyril M Crow M.D.*
(Physician or midwife.)

Given name added from a supplemental report _____

Month, day, year

Address *Miami Arizona*

Filed *June 17 19 30*

Registrar.   *R. E. ___*   Registrar.

444-511-779