

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 171
Registered No. 233

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. 723 Labusch Hill St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mariana Fuentes } If child is not yet named, make supplemental report, as directed.

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

8. FATHER
Full name Francisco Fuentes
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
10. Color or race Mexican
11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Avizpa
(State or country) Panama
13. Occupation miner
Nature of Industry _____

14. MOTHER
Full maiden name Maria Jesus Ybarra
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona
16. Color or race Mexican
17. Age at last birthday 36 (Years)
18. Birthplace (city or place) Rayon
(State or country) Panama Mex
19. Occupation house wife
Nature of Industry _____

20. Number of children of this mother <u>5</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>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yo</u>
	(c) Stillborn <u>0</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 1:15 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 J. Gomez Alvarado M.D.
P.O. Box 1666
(Physician or midwife.)

Given name added from a supplement report _____
Month, day, year _____ Address _____
Registrar. Filed May 20 30 1930 Registrar. J. E. Tom

460 511-481

S. 2.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.