ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 195

Registered No. 52

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ____ or Village P.O. Box 543 - Claypool - Ariz.

City Miami No. 48 Grover Canon St., ____ Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurelia Barraza } 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 June 22 - 1930. (Month Day Year)

8. FATHER

Full name Leon Barraza

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 39 (Years)

12. Birthplace (city or place) Durango (State or country) Mex

13. Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Maria Ybarra

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 33 (Years)

18. Birthplace (city or place) Durango (State or country) 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.) 7 (a) Born alive and now living 4 (b) Born alive but now dead 3 (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 (Born alive or ~~stillborn~~) at 12 10 A m. on the date above stated.

*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.~~)

Address Miami, Arizona

Given name added from a supplemental report ____ Month, day, year

Registrar.

Filed Sept 11, 1930 C. E. Jones Registrar.

121-622-481