

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 217
Registered No. 419

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 1893 Miami, Ariz.
City Miami No. 408 Skyline Trail St. _____ Ward _____

2. Full name of child Maria Irene Vasquez
If birth occurred in hospital or institution, give its NAME instead of street and number }
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 28-1930
Month Day Year

8. FATHER
Full name Jesus Vasquez

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 25 (Years)

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

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Maria de Jesus Delgadillo

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 23 (Years)

18. Birthplace (city or place) Zacatecas Mex.
(State or country)

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (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 3:30 P. m. on the date above stated.
(Born alive or stillborn)

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

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year July 8, 1930 Filed _____ Registrar B. C. Drinn

459-628-446

See in order of birth stated.