

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 164  
 Registered No. 440

**1. PLACE OF BIRTH**

County Yuma State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Yuma No. 1014 Sullivan St. St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number.)

**2. Full name of child**

Beatrice Olvera (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**

July 7-1930  
 Month Day Year

**8.**

**FATHER**  
 Full name Jose Olvera

**14.**

**MOTHER**  
 Full maiden name Menas Martinez

**9. Residence**

Yuma Arizona  
(Usual place of abode)  
 If non-resident, give place and state.

**15. Residence**

Yuma Arizona  
(Usual place of abode)  
 If non-resident, give place and state.

**10. Color or race**

Mexican

**11. Age at last birthday** 22 (Years)

**16. Color or race**

Mexican

**17. Age at last birthday** 20 (Years)

**12. Birthplace (city or place)**

Iron King Arizona  
(State or country)

**18. Birthplace (city or place)**

Sanora Mexico  
(State or country)

**13. Occupation**

Miner  
Nature of Industry

**19. Occupation**

Housewife  
Nature of Industry

**20. Number of children of this mother** 2

(Taken as of time of birth of child herein certified and including this child.)

**(a) Born alive and now living** 2

**(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 Yuma on the 6th day of July, 1930, 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 Charles E. Smith

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_

Address Yuma Arizona

Filed July 15, 1930  
 Registrar C. E. Smith

d the num  
 SEPARATE RETU  
 order of birth stated.