

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

128  
State File No. 521  
Registered No. \_\_\_\_\_

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 1002 Pine 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 Salis } 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? 7 7. Date of birth Sept. 3-1930  
Month Day Year

8. FATHER  
Full name Jose Madril  
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) ?  
(State or country) ?  
13. Occupation \_\_\_\_\_  
Nature of Industry \_\_\_\_\_

14. MOTHER  
Full maiden name Dora Barera  
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 20 (Years)  
18. Birthplace (city or place) Tucson, Arizona  
(State or country) \_\_\_\_\_  
19. Occupation None  
Nature of Industry \_\_\_\_\_

20. Number of children of this mother. \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) } (a) Born alive and now living. 1 } (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 7 A. m. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
(Physician or midwife.)  
Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona  
Month, day, year \_\_\_\_\_ File Sept. 11, 1930  
Registrar. \_\_\_\_\_ Registrar.

each in order of birth stated.

243-903-422