

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 5-135
Registered No. 523

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 89 Red Springs Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Male } 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 Sept. 9 - 1930 }
Month Day Year

8. FATHER
Full name Jose Oropeza
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 27 (Years)
12. Birthplace (city or place) Zacatecas
(State or country) Mex
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Refugia Poderiquez
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 19 (Years)
18. Birthplace (city or place) Globe
(State or country) Arizona
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 1 } (a) Born alive and now living 1 } 21. Were precautions taken against ophthalmia neonatorum? yes
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0 }
} (c) Stillborn 0 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8:05 A.M. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Cron M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ File # Sept 11 1930 Registrar Le E. Jones

761-909-999

GIVEN IN PRESENCE OF DEPUTY REGISTRAR.