

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 533

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City miami No. 722 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child. Enrique Parada  
{ 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 11 1930  
Month Day Year

8. FATHER  
Full name Castor Parada

14. MOTHER  
Full maiden name Dolores Figueroa

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

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

10. Color or race White

11. Age at last birthday 35 (Years)

16. Color or race Mexican

17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Spain  
(State or country)

18. Birthplace (city or place) Mexico  
(State or country)

13. Occupation miner  
Nature of Industry Copper

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 alive at 1:15 P m. 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 J. J. Miller  
(Physician or midwife.)

Given name added from a supplement report \_\_\_\_\_ Address miami Arizona  
Month, day, year \_\_\_\_\_  
Registrar. C. E. Jones  
Filed Sept 29 1930 Registrar.

571-911-461

MADE IN COMPLIANCE WITH ARIZONA LAWS