

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 152
538
Registered No. _____

1. PLACE OF BIRTH

County Pima State Arizona
District or Township _____ or Village _____
City Miami No. E-506 Davis Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>Girl</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Sept 15 1930</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name José Navarro
9. Residence 506 E-Davis Canyon
(Usual place of abode)
If non-resident, give place and state.

14. MOTHER
Full maiden name María Gomez
15. Residence 506 E-Davis Canyon
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 34 (Years)

16. Color or race Mexican
17. Age at last birthday 31 (Years)

12. Birthplace (city or place) Tepic Jalisco Mexico
(State or country)

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

13. Occupation Miner
Nature of Industry _____

19. Occupation Housewife
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... <u>2</u> (b) Born alive but now dead... <u>2</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was Alive at 1 P. M. on the date above stated.
(Born alive or stillborn)

Signature Rosa Cortez
(Physician or midwife.)

*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.
Given name added from _____
Month, day, year _____
Address 806 Sullivan St
Filed Sept 20 1930 Registrar C. E. Jones

756-915-479