

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 128  
Registered No. 708

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 40 Brower Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child } To be answered ONLY in event of plural births. } Male  
4. Twin, triplet or other. \_\_\_\_\_ } yes  
5. Legitimate? \_\_\_\_\_ } yes  
6. Date of birth Nov-11-1930  
Month Day Year

8. FATHER  
Full name Carlos Siqueredes

14. MOTHER  
Full maiden name Ramona Lopez

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 Mex.

11. Age at last birthday 36 (Years)

16. Color or race Mex.

17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Arispe, Mex.  
(State or country)

18. Birthplace (city or place) Benson, Arizona  
(State or country)

13. Occupation  
Nature of Industry Miner

19. Occupation  
Nature of Industry Housewife

20. Number of children of this mother. \_\_\_\_\_ } (a) Born alive and now living 7  
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 1  
} (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*30**

I hereby certify that I attended the birth of this child, who was born alive at 2:4 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 Cyril M. Brown M.D.  
(Physician or midwife)

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

Registrar. Filed Jan 10, 1931 Registrar. R. E. Irwin

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