

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

143

State File No. _____
Registered No. 617

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1014 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Celia Madrid
If child is not yet named, make supplemental report, as directed.

3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?	7. Date of birth	Ward
<u>Female</u>			<u>yes</u>	<u>Nov-16-193</u> Month Day Year	

8. FATHER

Full name Edmundo Madrid

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 29 (Years)

12. Birthplace (city or place) Clifton
(State or country) Arizona

13. Occupation
Nature of Industry Mining

14. MOTHER

Full maiden name Solidad Contreras

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 26 (Years)

18. Birthplace (city or place) Juarez
(State or country) Mex

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother 7 } (a) Born alive and now living 6
(Taken as of time of birth of child here in certified and including this child.) } (b) Born alive but now dead 0
 } (c) Stillborn _____

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 11:30 P.M. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown M.D.
(Physician or midwife)

Given name added from _____ Address Miami, Arizona
Month, day, year _____ Filed Nov 30 1930
Registrar. _____ Registrar.

-344-1116-232-