

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 182

Registered No. 623

1. PLACE OF BIRTH

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

2. Full name of child Hillian Maria Baroldy } If child is not yet named, make supplemental report, as directed.

Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>1</u>	6. Legitimate? <u>Yes</u>	7. Date of birth <u>Nov 26 - 1930</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
 Full name Frank Baroldy
 3. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state. _____
 10. Color or race Mexican
 11. Age at last birthday 25 (Years)
 12. Birthplace (city or place) Solomonville Ariz
 (State or country) _____
 3. Occupation Mechanic
 Nature of Industry _____

14. MOTHER
 Full maiden name Tillie Elogriaga
 15. Residence (Usual place of abode) Miami Ariz
 If non-resident, give place and state. _____
 16. Color or race Mexican
 17. Age at last birthday 24 (Years)
 18. Birthplace (city or place) Morenci Ariz
 (State or country) _____
 19. Occupation H W
 Nature of Industry _____

0. Number of children of this mother <u>2</u> 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>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was Born Dead at 9:20 A.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 Charles E. Dine

(Physician or midwife.)

Given name added from supplemental report _____
 Address Miami Arizona
 Month, day, year _____
 Filed Dec 5 1930
 Registrar. C. E. Dine
 Registrar.

328-1126-351