

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 126
Registered No. 7

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township _____ or Village _____
City MIAMI No. 536 Gibson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child <u>female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	5. No., in order of birth.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Jan 4 1931</u> Month Day Year
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8. FATHER
Full name Luis Medina

14. MOTHER
Full maiden name Jesús Ayala

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

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

10. Color or race
Mexican

11. Age at last birthday 34 (Years)

16. Color or race
Mexican

17. Age at last birthday 32 (Years)

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

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

13. Occupation miner
Nature of Industry Copper

19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living..... <u>4</u>	(b) Born alive but now dead..... <u>0</u>	(c) Stillborn..... <u>1</u>
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21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was stillborn at 11 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 E. F. Miller
E. F. MILLER, M. D.
(Physician or midwife.)

Given name added from a supplement report. _____ Address MIAMI, ARIZONA
Month, day, year _____

Registrar. Jan 17, 1931 C. E. [Signature] Registrar.

041-104-111

each in order of birth stated.