

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 147  
Registered No. 18

**1. PLACE OF BIRTH**

County Hila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. Op 3113 Turkey Shoot St. Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child Female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan. 11 - 1931  
Month Day Year

**8. FATHER**  
Full name Louis Montero  
9. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
10. Color or race Mex.  
11. Age at last birthday 27 (Years)  
12. Birthplace (city or place) Jalisco Mex.  
(State or country) \_\_\_\_\_  
13. Occupation \_\_\_\_\_  
Nature of Industry Laborer

**14. MOTHER**  
Full maiden name Becente Saenz  
15. Residence (Usual place of abode) Miami, Arizona  
If non-resident, give place and state. \_\_\_\_\_  
16. Color or race Mex.  
17. Age at last birthday 19 (Years)  
18. Birthplace (city or place) Jalisco Mex.  
(State or country) \_\_\_\_\_  
19. Occupation \_\_\_\_\_  
Nature of Industry Housewife

20. Number of children of this mother 2 } (a) Born alive and now living 1  
(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**

I hereby certify that I attended the birth of this child, who was born alive at 12:40 A.M. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D. (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 a supplement report \_\_\_\_\_  
Month, day, year \_\_\_\_\_ Address Miami, Arizona  
Filed Jan 20 1931 Registrar W. E. Brown

6446-111-229

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.