ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 154

Registered No. 31

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.

1. PLACE OF BIRTH

County _Gila_   State _Arizona_

District or Township .... or Village ....

City _Miami_   No. _175 Live Oak Canon_ St., ... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Jose Jesus Macias_
{If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_ | To be answered ONLY In event of plural births. | 4. Twin, triplet or other ....

6. No., in order of birth ....

7. Date of birth _Jan. 14-1931_
Month Day Year

8. FATHER	14. MOTHER
Full name _Aurelio Macias_	Full maiden name _Dolores Porras_
9. Residence (Usual place of abode) _Unknown_ 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 _25_ (Years)	16. Color or race _Mex._	17. Age at last birthday _19_ (Years)
12. Birthplace (city or place) _?_ (State or country) _?_	18. Birthplace (city or place) _Chihuahua_ (State or country) _Mex_
13. Occupation _____ Nature of Industry _____	19. Occupation _____ Nature of Industry _____

20. Number of children of this mother.......... _1_
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living.......... _0_
(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 _stillborn_ at _10:30_ P. 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. Cron M.D._
(Physician or midwife.)

Address _Miami, Arizona_

Filed _Jan 20, 19 31_

Given name added from a supplemental report..........

_1 42 - 1/14 - 47/_
Month day year

Registrar.

_C. C. _____
Registrar.