

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 186  
 Registered No. 41

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township Miami or Village   
 City Miami No.  St.  Ward

2. Full name of child Pamela Jimenes  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
 3. Sex of Child girl To be answered ONLY in event of plural births. 4. Twin, triplet or other.  5. Legitimate? yes 6. Date of Birth Jan 26 1931  
 (If child is not yet named, make supplemental report, as directed.)

8. FATHER Full name Pedro Jimenes 14. MOTHER Full maiden name Yolinda Hernandez  
 9. Residence (Usual place of abode) Grover Canyon 15. Residence (Usual place of abode) Grover Canyon  
 If non-resident, give place and state. Miami If non-resident, give place and state. Miami

10. Color or race Mexican 11. Age at last birthday 30 (Years) 16. Color or race Mexican 17. Age at last birthday 26 (Years)

12. Birthplace (city or place) San Juan de los Rios 18. Birthplace (city or place) San Juan de los Rios  
 (State or country) Galisco Mex. (State or country) Galisco Mex.

13. Occupation Nature of Industry Miner 19. Occupation Nature of Industry Domestic

20. Number of children of this mother 3 (a) Born alive and now living 3 (b) Born alive but now dead  (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 9 P. m. on the date above stated.

Signature Yvonne Martinez (Physician or midwife)  
 Given name added from a supplemental report. Address Daypool

Month, day, year Jan 30, 19 31  
 Registrar L. E. D.

712-126-589

THIS IS A DEFERRED RETURN - MUST BE MADE FOR EACH, AND THE NUMBER OF EACH IN ORDER OF BIRTH STATED.