

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 42
Registered No. _____

1. PLACE OF BIRTH

County Gila State ARIZONA
District or Township _____ or Village _____
City MIAMI No. 3013 Loomis St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child Matilda Marin

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ Date of birth Mar 14 1931
5. No., in order of birth. _____ Month Mar Day 14 Year 1931

FATHER
8. Full name Nilario Marin
9. Residence (Usual place of abode) Mexico
If non-resident, give place and state. _____
10. Color or race Mexican
11. Age at last birthday 30 (Years)
12. Birthplace (city or place) Mexico
(State or country) _____
13. Occupation miner
Nature of Industry _____

MOTHER
14. Full maiden name Apodaca Gonzales
15. Residence (Usual place of abode) MIAMI, ARIZONA
If non-resident, give place and state. _____
16. Color or race Mexican
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Mexico
(State or country) _____
19. Occupation Housewife
Nature of Industry _____

20. Number of children of this mother 2 } (a) Born alive and now living 2
(Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
} (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 alive at 9:15 P m. on the date above stated.
(Born alive or stillborn)

Signature F. F. Miller
F. F. MILLER, M.D.
(Physician or midwife.)

Given name added from a supplemental report _____ Address MIAMI, ARIZONA
Month, day, year _____ Filed March 31 1931
Registrar _____ Registrar _____