ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1310

Registered No. 194

1. PLACE OF BIRTH

County Gila State Arizona

Township — or Village Miami

City Miami No. 605 Live Oak St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Aurora Olmos (If child is not yet named, make supplemental report, as directed)

3. Sex Female | If plural births: 4. Twin, triplet, or other Yes; 5. Number, in order of birth 1 | 6. Premature Full term + | 7. Legitimate? Yes | 8. Date of birth Mch. 20, 1931 (Month, day, year)

FATHER	MOTHER
9. Full name Jesus Olmos	18. Full maiden name Espiranza German
10. Residence (usual place of abode) (If nonresident, give place and State) 615 Live oak St. Miami Ariz	19. Residence (usual place of abode) (If nonresident, give place and State) Miami Ariz
11. Color or race Mex 12. Age at last birthday 33 (Years)	20. Color or race Mex 21. Age at last birthday 24 (Years)
13. Birthplace (city or place) (State or country) Aguas Calientes Mexico	22. Birthplace (city or place) (State or country) Nacozari Mex
OCCUPATION: 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner	OCCUPATION: 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Mining	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. None
16. Date (month and year) last engaged in this work 1931 Mch 20, 19	25. Date (month and year) last engaged in this work —, 19
17. Total time (years) spent in this work 10	26. Total time (years) spent in this work —

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead none (c) Stillborn —

28. If stillborn, period of gestation — months or weeks | 29. Cause of stillbirth — | Before labor ... During labor ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 10 a.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from supplemental report 162-320-575 (Date of)

(Signed) C M Cion, M.D.

or 304 L. O Street, Midwife

Address Miami Arizona

Filed June 22 1931

Registrar