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

State File No. 152
Registered No. 99

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 572 - Claypool, Ariz.

City Miami No. 130 Grover Canon St. ..... Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child ..... (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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Mch. 31 - 1931 (Month Day Year)

8. FATHER	14. MOTHER
Full name Pedro De La Riva	Full maiden name Felicitas De La Riva
9. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona	15. Residence (Usual place of abode) Miami. If non-resident, give place and state. Arizona
10. Color or race Mex — 11. Age at last birthday 40 (Years)	16. Color or race Mex — 17. Age at last birthday 35 (Years)
12. Birthplace (city or place) Zacetecas (State or country) Mex.	18. Birthplace (city or place) Zacetecas (State or country) Mex.
13. Occupation Nature of industry Mining	19. Occupation Nature of industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 9
(a) Born alive and now living 5
(b) Born alive but now dead 4
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 7 A. 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~~).

Given name added from a supplemental report 091-331-691 (Month, day, year)

Address Miami, Arizona

Filed Apr 6, 1931 J. E. [illegible]
Registrar

Registrar