ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 140

Registered No. 129

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village:

City: Miami No. 3131 Turkey Shoot St. Ward

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

2. Full name of child: Gloria Frias { 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: Apr. 23 1931. (Month Day Year)

FATHER

8. Full name: Gonzalo Frias

9. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

10. Color or race: Mex. 11. Age at last birthday: 23 (Years)

12. Birthplace (city or place): Sinaloa

(State or country): Mex.

13. Occupation: Miner

Nature of Industry:

MOTHER

14. Full maiden name: Guadalupe Flores

15. Residence (Usual place of abode): Miami

If non-resident, give place and state: Arizona

16. Color or race: Mex. 17. Age at last birthday: 18 (Years)

18. Birthplace (city or place): Tyrone

(State or country): New Mex.

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 2

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 2

(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 born alive (Born alive or stillborn.) at 12 10 A. m. on the date above stated.

Signature: Cyril M. Crow M.D. (Physician or midwife).

Address: Miami, Arizona

Filed: Apr 30, 1931 R. E. Jones Registrar

* 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.

Given name added from a supplemental report: Month, day, year

Registrar

762-423-762

N. B.—In case of more than one child at a birth, a SEPARATE REPORT must be made for each, in order of birth stated.