ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 97a

Registered No. 150

1. PLACE OF BIRTH

County Gila State ARIZONA

District or Township ..... or Village .....

City MIAMI, A No. 69 Mexican Cyn St. ..... Ward

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

2. Full name of child de la Paz * { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male | 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 May 3 1931 (Month Day Year)

8. FATHER

Full name Francisco de la Paz

9. Residence (Usual place of abode) MIAMI, ARIZONA

If non-resident, give place and state.

10. Color or race Mexican | 11. Age at last birthday 33 (Years)

12. Birthplace (city or place) ..... (State or country) Mexico

13. Occupation Gardner

Nature of industry

14. MOTHER

Full maiden name Concepcion Mercado

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 31 (Years)

18. Birthplace (city or place) ..... (State or country) Mexico

19. Occupation Housewife

Nature of industry

20. Number of children of this mother 11 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 8

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 (Born alive or stillborn.) at 10 30 m. on the date above stated.

* 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 F. F. Miller

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

Address MIAMI, ARIZONA

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

042 503-346 Registrar

Filed May 12, 1931 C. E. [illegible] Registrar

* Premature; died in 15 minutes