

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 140W
Registered No. 176

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 184 Miami, Ariz.
City Miami No. 86 Red Springs Canon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alicia Montez If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate? <u>yes</u>	7. Date of birth <u>May 29 - 1931</u> <small>Month Day Year</small>
		5. No., in order of birth.		

<p>8. FATHER</p> <p>Full name <u>Constancio Montez</u></p> <p>9. Residence (Usual place of abode) <u>Miami, Arizona</u> <small>If non-resident, give place and state.</small></p> <p>10. Color or race <u>Mex.</u></p> <p>11. Age at last birthday <u>37</u> (Years)</p> <p>12. Birthplace (city or place) <u>Chihuahua Mex.</u> <small>(State or country)</small></p> <p>13. Occupation Nature of industry <u>Miner</u></p>	<p>14. MOTHER</p> <p>Full maiden name <u>Solidad Bribucas</u></p> <p>15. Residence (Usual place of abode) <u>Miami, Arizona</u> <small>If non-resident, give place and state.</small></p> <p>16. Color or race <u>Mex</u></p> <p>17. Age at last birthday <u>24</u> (Years)</p> <p>18. Birthplace (city or place) <u>Chihuahua Mex.</u> <small>(State or country)</small></p> <p>19. Occupation Nature of industry <u>Housewife</u></p>
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20. Number of children of this mother. <u>2</u> <small>(Taken as of time of birth of child herein certified and including this child.)</small>	(a) Born alive and now living <u>2</u>	21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>
	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30 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. Brown M.D. (Physician or midwife)

Given name added from supplemental report 149-529-222 Address Miami, Arizona

Month, day, year _____ Filed June 11, 1931 G. E. Irvine Registrar

Registrar

Registrar