ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 174

Registered No. 215

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. 4095 Corcoran Ave St. ..... Ward

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

2. Full name of child Maria Estella Padilla (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 June 16 - 1931 (Month Day Year)

FATHER

8. Full name Felix Padilla

9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Mex

11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Jalisco (State or country) Mex

13. Occupation: Miner

Nature of Industry

MOTHER

14. Full maiden name Antonia Medina

15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race Mex

17. Age at last birthday 20 (Years)

18. Birthplace (city or place) Globe (State or country) Arizona

19. Occupation: Housewife

Nature of Industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) 1

(a) Born alive and now living 1

(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 5 A. m. on the date above stated.

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

Address Miami, Arizona

Filed July 8, 1931 C. E. Drum 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

471-616-141