ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 178

Registered No. 213

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 519 Miami, Ariz.

City Miami No. 25 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 Aureliano De La Cruz { 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 June 16 1931 (Month Day Year)

8. FATHER

Full name Pedro De La Cruz

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 51 (Years)

12. Birthplace (city or place) Jalisco

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Casilda Lopez

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 46 (Years)

18. Birthplace (city or place) Jalisco

(State or country) Mex.

19. Occupation

Nature of industry Housewife

20. Number of children of this mother 14 (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 7

(b) Born alive but now dead 7

(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 4 15 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

149-616-339 Registrar