ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1 87 A

Registered No. 167

ACE OF BIRTH

ly Gila State Arizona

ict or Township or Village

Miami No. St. Ward

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

ull name of child Edward Ponce { If child is not yet named, make supplemental report, as directed.

x of Child | 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 6 21 31 (Month Day Year)

Medardo FATHER

name Medardo Ponce

Residence (Usual place of abode) Miami

If non-resident, give place and state.

Color or race Mex | 11. Age at last birthday 28 (Years)

Birthplace (city or place) Mexico

(State or country)

Occupation

Nature of Industry Miner

14. MOTHER

Full maiden name Matilda Elorez

15. Residence (Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race Mex | 17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Colorado

(State or country) U.S.A.

19. Occupation

Nature of Industry HW.

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

(a) Born alive and now living 1

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn.) at 5 P 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 C. E. Perkins

(Physician or midwife).

Given name added from supplemental report 575-621-469 (Month, day, year)

Address Miami

Filed June 23, 1939 C. E. Irvin