ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 120

Registered No. 285

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: or Village: P. O. Box 3017 Miami -

City: Miami No. 3015 Turkey Shoot St. Ward

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

2. Full name of child: Natividad Vasquez (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: Sept. 8 - 1931 (Month Day Year)

8. FATHER

Full name: Pilar Vasquez

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: 40 (Years)

12. Birthplace (city or place): Jalisco

(State or country): Mex.

13. Occupation: Miner

Nature of Industry:

14. MOTHER

Full maiden name: Maria Hernandez

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: 29 (Years)

18. Birthplace (city or place): Jalisco

(State or country): Mex.

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 7

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living: 6

(b) Born alive but now dead: 1

(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 8:30 P.m. on the date above stated.

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

Address: Miami, Arizona

Filed Oct 2, 1931

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)

559-908-481

Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD