ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 32

Registered No. 326

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Gen. Del. or Village: Miami

City: Miami No. St. Ward

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

2. Full name of child: Victoria Alvarez (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: Oct. 12 1931 (Month Day Year)

8. FATHER

Full name: Liborio Alvarez

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: 29 (Years)

12. Birthplace (city or place): Jalisco

(State or country): Mex

13. Occupation

Nature of Industry: Miner

14. MOTHER

Full maiden name: Maria C. Martinez

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: 25 (Years)

18. Birthplace (city or place): Jalisco

(State or country): Mex.

19. Occupation

Nature of Industry: Housewife

20. Number of children of this mother: 5

(Taken as of time of birth of child herein certified and including this child.) 5

(a) Born alive and now living: 5

(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 3 15 A. 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: Cyril M. Crow M.D. (Physician or midwife).

Address: Miami, Arizona.

Given name added from a supplemental report: 5/9-1012-449 (Month, day, year) Registrar

Filed Nov 5 1931 E. E. Irvin Registrar