

**ARIZONA STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**STANDARD CERTIFICATE OF BIRTH**

State File No. 108

Registered No. 337

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ Village \_\_\_\_\_  
 City Miami No. 66 Skyline Trail St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Fausto Macias 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. \_\_\_\_\_ 6. Legitimate? yes  
 5. No., in order of birth. \_\_\_\_\_ 7. Date of birth Oct. 18-1931  
Month Day Year

**8. FATHER**  
 Full name Fausto Macias  
 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 24 (Years)  
 12. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
 13. Occupation  
 Nature of Industry Miner

**14. MOTHER**  
 Full maiden name Secorra Baldepena  
 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 26 (Years)  
 18. Birthplace (city or place) Jalisco, Mex.  
(State or country)  
 19. Occupation  
 Nature of Industry Housewife

20. Number of children of this mother. 3 (Taken as of time of birth of child herein certified and including this child.)  
 (a) Born alive and now living 3  
 (b) Born alive but now dead 0  
 (c) Stillborn \_\_\_\_\_  
 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 at 8:15 P. on the date above stated.  
(Born alive or stillborn)

Signature Cyril M. Brown M.D.  
\* 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.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Filed Nov 5, 1931 E. E. Annis  
Month, day, year Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A RETURN TO BE FILED IN A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH 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.