

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

State File No. _____
 Registered No. 705

71

1. PLACE OF BIRTH

County GILA State _____
 District or Township _____ or Village _____
 City MIAMI No. _____ St. _____ Ward _____

2. Full name of child Eligio Pareda
If birth occurred in a hospital or institution, give its NAME (instead of street and number)
If child is not yet named, make supplemental report, as directed.

3. Sex of Child M To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. Legitimate? yes
 7. Date of birth 12-1-31
 Month Day Year

8. FATHER
 Full name Conuta Pareda
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. _____
 10. Color or race Mex
 11. Age at last birthday 32 (Years)
 12. Birthplace (city or place) Mexico
 (State or country) _____
 13. Occupation Minero
 Nature of industry _____

11. MOTHER
 Full maiden name Petra Calvo
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. _____
 16. Color or race Mex
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Mexico
 (State or country) _____
 19. Occupation DW
 Nature of industry _____

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 _____
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 2:30 a.m. on the date above stated.
(Born alive or stillborn)

* 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 A. F. Perkins
 (Physician or midwife)

Given name added from a supplemental report _____
 Address Miami
 Month, day, year _____
576-1201-736 Registrar
 Filed Jan 5 1932 Charles E. Olson Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.