

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

State File No. 730
 Registered No. 101

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 23 Mex Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elvita Coronel { 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. _____ 6. Legitimate? yes
 7. Date of birth Dec. 2-1931
Month Day Year

8. FATHER
 Full name Francisco Coronel

14. MOTHER
 Full maiden name Augustine Mauris

9. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. _____

15. Residence (Usual place of abode) Miami Arizona
 If non-resident, give place and state. _____

10. Color or race Mex. 11. Age at last birthday 30 (Years)

16. Color or race Mex. 17. Age at last birthday 27 (Years)

12. Birthplace (city or place) Zacatecas Mex.
 (State or country) _____

18. Birthplace (city or place) Zacatecas Mex.
 (State or country) _____

13. Occupation
 Nature of Industry Miner

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother 4
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead _____
 (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 7 P. 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 Cyril M. Brown M.D.
(Physician or midwife)

Given name added from a supplemental report _____
 Address Miami, Arizona
 Month, day, year _____
 File No. 533-1202-146 Filed May 4, 1935
 Registrar D. E. Brown Registrar

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

REPRODUCTION BY ANY MEANS IS PROHIBITED