PERMANENT RECORD
be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 1302
Registered No. 57

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 419 Miami-Ariz.

City Miami No. 1133 Live Oak St. St. ..... Ward

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

2. Full name of child Olga Quintana (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 Feb. 27 - 1932 (Month Day Year)

8. FATHER

Full name Rafael Esteban Quintana

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 27 (Years)

12. Birthplace (city or place) Clifton (State or country) Arizona

13. Occupation

Nature of Industry Machinist

14. MOTHER

Full maiden name Maria Munoz

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 26 (Years)

18. Birthplace (city or place) Metcalf (State or country) Arizona

19. Occupation

Nature of Industry Housewife

20. Number of children of this mother ..... (Taken as of time of birth of child herein certified and including this child.) 3

(a) Born alive and now living 3
(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 at 12 15 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 Cyril M. Cron M.D.
(Physician or ~~midwife~~).

Address Miami, Arizona.

Given name added from a supplemental report ..... Month, day, year

681-227-449
Registrar

Filed Mch 11, 1932 C. E. Irwin
Registrar