ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 84

Registered No. 148

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village P. O. Box 768 - Claypool - Ariz

City Miami No. 40 Grover Canon St. ..... Ward

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

2. Full name of child Rufina Siquedros (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 June 7 - 1932 (Month Day Year)

8. FATHER

Full name Carlos Siquedros

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 38 (Years)

12. Birthplace (city or place) Sonora

(State or country) Mex.

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Ramona Lopez

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 34 (Years)

18. Birthplace (city or place) Benson

(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.) 9

(a) Born alive and now living 8

(b) Born alive but now dead 1

(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 2 45 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. Crow M. D.

(Physician or midwife).

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

Address Miami, Arizona.

922 - 607 - 939

Registrar

Filed June 25 1932. C. E. Imm

Registrar