Item 2 corr. by off of reg. and school rec. (9-9-68 - [illegible])

CERTIFICATE AMENDED
SEE NOTATION

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 87
Registered No. 246

1. PLACE OF BIRTH

County Gila State Arizona
Township ..... or Village .....
City Miami No. 911 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 Lupe Apodaca ~~Guadaloupe~~ Acevedo { If child is not yet named, make supplemental report, as directed

3. Sex Male | If plural births { 4. Twin, triplet, or other ..... 5. Number, in order of birth ..... | 6. Premature ..... Full term ..... | 7. Legitimate? yes | 8. Date of birth Dec. 12, 1932 (Month, day, year)

FATHER

9. Full name Antonio Acevedo
10. Residence (usual place of abode) (If nonresident, give place and State) Miami, Ariz.
11. Color or race Mex | 12. Age at last birthday 25 (Years)
13. Birthplace (city or place) El Paso (State or country) Texas

OCCUPATION
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. .....
16. Date (month and year) last engaged in this work ....., 19.... | 17. Total time (years) spent in this work .....

MOTHER

18. Full maiden name Dora Apodoca
19. Residence (usual place of abode) (If nonresident, give place and State) Miami, Ariz.
20. Color or race Mex | 21. Age at last birthday 24 (Years)
22. Birthplace (city or place) Chihuahua, (State or country) Mex.

OCCUPATION
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. .....
25. Date (month and year) last engaged in this work ....., 19.... | 26. Total time (years) spent in this work .....

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn .....

28. If stillborn, period of gestation ..... { months or weeks | 29. Cause of stillbirth ..... { Before labor ..... During labor .....

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. }

(Signed) Cyril M. Crow M.D., M.D.
or ..... Midwife
Address Miami, Arizona
Filed Jan 15 1933 C. E. Irwin Registrar.

Given name added from a supplemental report ..... (Date of)
312-1212-411 Registrar.

MARGIN RESERVED FOR BINDING
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.