SUPPLEMENT ATTACHED

85

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 82

1. PLACE OF BIRTH

County Gila

Township

City Miami No. (If birth occurred in hospital or institution, give its NAME instead of street and number) Ward

State ARIZONA

Village

2. Full name of child Ordovice (If child is not yet named, make supplemental report, as directed)

3. Sex Female

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 July 23, 1934 (month, day, year)

FATHER

9. Full name Alfred Ordovice

10. Residence (usual place of abode) (If non-resident, give place and state) Miami

11. Color or race Wh

12. Age at last birthday (Years)

13. Birthplace (city or place) Jerico Mexico (State or country)

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. Mine

16. Date (month and year) last engaged in this work 19

17. Total time (years) spent in this work

MOTHER

18. Full maiden name Basilia Ramirez

19. Residence (usual place of abode) (If non-resident, give place and state) Miami

20. Color or race Wh

21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Jerico Mexico (State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. None

24. Industry or business in which work was done, as own home, lawyer's office, sawmill, etc. None

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 2 (b) Born alive but now dead 0 (c) Stillborn 0

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 or stillborn) at on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Nelson A. Bright M. D.

or Midwife

Given name added from a supplemental report (Date of)

Registrar.

Address Miami Arizona

Filed Aug. 12, 1934 C. M. Crow M.D. Registrar.

10M 1-31-34 MS—49982 FORM NO. 2

566-723-899

N. B.—In case of twins, triplets, etc., make separate return for each child, and state the number of each.

THIS IS A CERTIFICATE OF BIRTH