

2573

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

State File No. 171 A
Registered No.

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Miami
City _____ No. _____ St. _____

2. Full name of child Elodia Terminel (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(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 Oct 30 29 (Month Day Year)

8. FATHER
Full name Augustin Terminel

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

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

12. Birthplace (city or place) Mexico
(State or country)

13. Occupation Mines
Nature of Industry

14. MOTHER
Full maiden name Josephina Machichi

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

16. Color or race mexican 17. Age at last birthday 29 (Years)

18. Birthplace (city or state) Tombstone
(State or country) Arizona

19. Occupation housewife
Nature of Industry

20. Number of children of this mother: (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.

(Born alive or stillborn)
Signature Josefa Machichi mother

Given name added from a supplemental report: _____ Address 533-1030-149 (Physician or midwife.)

Month, day, year _____ Filed July 5, 1932 Registrar.

C.S. Chrisman Registrar.