

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
 District of \_\_\_\_\_  
 Town of Miami  
 or \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 133  
 Co. Registrar No. 627  
 Local Registrar No. \_\_\_\_\_

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

2. Full name of child Teopoldo Alcalá | If child is not yet named, make supplemental report, as directed

3. Sex of child male | To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth 11 6. Legitimate? yes 7. Date of birth Dec 24-1922 (Month, day, year)

**FATHER**  
 8. Full name Jose Alcalá  
 9. Residence (Usual place of abode) Miami, Arizona  
 10. Color or race Mex  
 11. Age at last birthday 37 (Years)  
 12. Birthplace (city or place) Guadalupe (State or country) Mexico  
 13. Occupation Carpenter  
 Nature of Industry \_\_\_\_\_

**MOTHER**  
 14. Full maiden name Filiberta Martinez  
 15. Residence (Usual place of abode) Miami, Ariz.  
 16. Color or race Mex  
 17. Age at last birthday 35 (Years)  
 18. Birthplace (city or place) Guadalupe (State or country) Mexico  
 19. Occupation Housewife  
 Nature of Industry \_\_\_\_\_

20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.) 11  
 (a) Born alive and now living 3 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 5 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 C. M. Cron M.D.  
 (Physician or midwife)

Address Miami, Arizona

Given name added from supplemental report \_\_\_\_\_  
 (Month, day, year)

Filed 12/31/22, 1922 B. W. Paul by P. E. Quinn  
 Local Registrar.

Filed 1-6, 1923 B. G. Fox  
 County Registrar.

Registrar. 311-1224-649