

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 208 <sup>V</sup>  
Registered No. 30

**1. PLACE OF BIRTH**

County Pima State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3126 Loews Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child**

Amador Servantes

{ If child is not yet named, make supplemental report, as directed.

**3. Sex of Child**

To be answered ONLY  
in event of plural  
births.

**4. Twin, triplet or other**

**6. Legitimate?**

**7. Date**

of birth

Month Day Year

Male

Yes

Yes

April 30 1928

**8.**

**FATHER**

Full name

Juan Servantes

**14.**

**MOTHER**

Full maiden name

Nicibolida Pedrosa

**9. Residence**

(Usual place of abode)

Miami Ariz

If non-resident, give place and state.

**15. Residence**

(Usual place of abode)

Miami Ariz

If non-resident, give place and state.

**10. Color or race**

Mexican

**11. Age at last birthday**

27 (Years)

**16. Color or race**

Mexican

**17. Age at last birthday**

24 (Years)

**12. Birthplace (city or place)**

(State or country)

Mexico

**18. Birthplace (city or place)**

(State or country)

Mexico

**13. Occupation**

Nature of industry

Miner

**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.)

(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn None

**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 \_\_\_\_\_ at 8 a. m. on the date above stated  
(Born alive ~~born~~.)

Signature

D. J. Hotel

(Physician or midwife)

Given name added from a supplemental report

Month, day, year

Address

Miami Ariz

Filed

May 3 1928

C. E. Davis

Registrar

Registrar

122-430-571

N. B.—In case of multiple than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

THIS IS A PERMANENT RECORD