ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 245

Registered No. 114

1. PLACE OF BIRTH

County: Gila State: Arizona

District or Township: Lower Miami or Village:

City: Miami No. 43 Mackey Hill St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child: Fernando Pedrosa (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:

6. Legitimate? yes

7. Date of birth: May 30, 1925 (Month Day Year)

FATHER

8. Full name: Juan Pedrosa

9. Residence (Usual place of abode): Miami, Arizona

If non-resident, give place and state.

10. Color or race: Mexican

11. Age at last birthday: 23 (Years)

12. Birthplace (city or place):

(State or country): Mexico

13. Occupation: Train man

Nature of Industry: Copper mine

MOTHER

14. Full maiden name: Gregaria Aguallo

15. Residence (Usual place of abode): Miami, Arizona

If non-resident, give place and state.

16. Color or race: Mexican

17. Age at last birthday: 18 (Years)

18. Birthplace (city or place):

(State or country): Mexico

19. Occupation: Housewife

Nature of Industry:

20. Number of children of this mother: 2

(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: 0

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 alive (Born alive or stillborn.) at 6:20 P. m. on the date above stated

Signature: H. Fromiller M.D.

Miami, Arizona (M.D.) (Physician or midwife).

Address: Miami, Arizona

Filed June 22, 1925 C. E. Irvin Registrar

* 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.

Given name added from a supplemental report: Month, day, year

Registrar

671-530-716

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 order of birth stated.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

RESERVED FOR BINDING