

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of _____

District of _____

Town of _____

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 169

County Registrar No. _____

Local Registrar No. 1922. Full name of child Lillian Rivera No. _____ St. _____ Ward _____
(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 F 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 7/9/25
Month Day Year8. FATHER
Full name Carmen Rivera14. MOTHER
Full maiden name Emilia Jimbreo9. Residence (Usual place of abode)
If non-resident, give place and state. Miami15. Residence (Usual place of abode)
If non-resident, give place and state. Miami10. Color or race Mex. 11. Age at last birthday 37 (Years)16. Color or race Mex 17. Age at last birthday 24 (Years)12. Birthplace (city or place) Mexico
(State or country)18. Birthplace (city or place) Mexico
(State or country)13. Occupation
Nature of industry Miner19. Occupation
Nature of industry H.W.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 1
(b) Born alive but now dead _____
(c) Stillborn _____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 Lillian at _____ 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. F. Perkins
(Physician or midwife)

Address _____

Given name added from a supplemental report.
Month, day, yearFiled Aug 8, 1925 C. E. Irwin
Local Registrar.396-709-562
RegistrarFiled _____, 19____
County Registrar.

MARGIN RESERVED FOR BINL

WRITE ONLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 in order of birth stated.