

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

State File No. 140 V
 Registered No. 708

1. PLACE OF BIRTH

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

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

2. Full name of child Josepha Madrid { 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 _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Aug. 6 - 1925
 Month Day Year

8. FATHER
 Full name El Mundo Madrid

14. MOTHER
 Full maiden name Solidad Contreras

9. Residence (Usual place of abode) Miami, Arizona.
 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 Mex.
 11. Age at last birthday 24 (Years)

16. Color or race Mex.
 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Clifton, Arizona.
 (State or country)

18. Birthplace (city or place) Juarez-Chih. Mex.
 (State or country)

13. Occupation
 Nature of industry Janitor

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 3
 (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 born at 10 A 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 Beryl M. Brown M.D.
Physician
 (Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filled Aug 17, 1925 C. E. Iron
 Registrar Registrar

143-806-232

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. E.—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.

REPRODUCED FROM BIRTH RECORDS