

ARIZONA STATE B
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE

Do Not Issue.
See AB file on
Immigration
8-14-75

File No. *150*
Serial No. *351*

1. PLACE OF BIRTH
County *Gila*
District or Township _____
City *Miami*

No. *138 Grover Canon* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Rachael Medina*
(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 *Oct. 6, 1925*
Month Day Year

8. FATHER
Full name *Severo Medina*
9. Residence (Usual place of abode) *Miami, Arizona*
If non-resident, give place and state. *Arizona*
10. Color or race *Mex.*
11. Age at last birthday *20* (Years)

14. MOTHER
Full maiden name *Guadalupe Lemou*
15. Residence (Usual place of abode) *Miami, Arizona*
If non-resident, give place and state. *Arizona*
16. Color or race *Mex.*
17. Age at last birthday *19* (Years)

12. Birthplace (city or place) *Purango, Mex.*
(State or country)
13. Occupation
Nature of industry *Smeltermen*

18. Birthplace (city or place) *Globe, Arizona*
(State or country)
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 _____
(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 *10⁰⁵ 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 *Cyril M. Brown M.D.*
Physician
(Physician or midwife)

Given name added from _____
a supplemental report _____
Month, day, year _____
Address *Miami, Arizona*

Filed *Nov 21, 1925* *C. E. Irwin*
Registrar Registrar

941-1006-735

WRITE PLAINLY WITH UNFADING INK. MAKE SEPARATE RETURN MADE FOR EACH CHILD AT A BIRTH, IN ORDER OF BIRTH ANTICIPATED.