

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

State File No. 153  
 Registered No. 534

1. PLACE OF BIRTH  
 County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 28 Grover Canon Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jiberucia De La Riva (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 Feb. 19, 1926  
 Month Day Year

8. FATHER  
 Full name Pedro De La Riva

14. MOTHER  
 Full maiden name Felicita De La Riva

9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.

15. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 35 (Years)

16. Color or race Mex. 17. Age at last birthday 33 (Years)

12. Birthplace (city or place) Zacatecas, Mex.  
 (State or country)

18. Birthplace (city or place) Zacatecas, Mex.  
 (State or country)

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 5  
 (b) Born alive but now dead 2  
 (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 11:30 a.m. on the date above stated  
(Born alive or stillborn.)

Signature Cyril M. Crow M.D.  
 \_\_\_\_\_  
(Physician or midwife.)

Given name added from a supplemental report \_\_\_\_\_ Address Miami, Arizona

Month, day, year \_\_\_\_\_ Filed Feb 10, 1926 C. E. Iron  
 Registrar Registrar

34-219-64H

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 If 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.  
 N. B.—In