

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 111

Registered No. 16

**1. PLACE OF BIRTH**

County Gila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 1133 Sullivan 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.

Full name of child Arturo Alvarez

Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>January 9 1928</u> Month Day Year
		5. No., in order of birth _____		

**3. FATHER**

Full name Flores Alvarez

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

0. Color or race Mexican

11. Age at last birthday 38 (Years)

12. Birthplace (city or place) Mazatlan  
(State or country) Arizona

13. Occupation miner  
Nature of industry Copper

**14. MOTHER**

Full maiden name Refugio Macias

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 27 (Years)

18. Birthplace (city or place) \_\_\_\_\_  
(State or country) Mexico

19. Occupation housewife  
Nature of industry \_\_\_\_\_

Number of children of this mother <u>7</u>	(a) Born alive and now living <u>6</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
20. Age of time of birth of child herein and including this child.	(b) Born alive but now dead <u>0</u>	
	(c) Stillborn <u>0</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I certify that I attended the birth of this child, who was alive at 11:55 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 J. J. Miller  
M.D.  
(Physician or midwife)

Given name added from supplemental report. Month, day, year  
159-107-942  
Registrar

Address Miami, Arizona

Filed Jan 15, 1928 Registrar R. E. Smith