

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

State File No. 125 V
 Registered No. 27

PLACE OF BIRTH
 County _____ State _____
 District or Township _____ or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 Full name of child Maura Rivero { If child is not yet named, make supplemental report, as directed.

Sex of Child F To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes. 7. Date of birth 1 18 28
 5. No., in order of birth _____ Month Day Year

FATHER
 Full name Carme Rivero
 Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 9. Color or race Mex
 11. Age at last birthday 35 (Years)
 2. Birthplace (city or place) Mexico
 (State or country)
 3. Occupation Miner
 Nature of industry

MOTHER
 Full maiden name Emilia Jimbres
 14. Residence (Usual place of abode) Miami
 If non-resident, give place and state.
 15. Color or race Mex
 17. Age at last birthday 28 (Years)
 18. Birthplace (city or place) Mex
 (State or country)
 19. Occupation H.W.
 Nature of industry

10. Number of children of this mother 7 } (a) Born alive and now living 0
 Taken as of time of birth of child herein certified and including this child. } (b) Born alive but now dead 7
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was alive at 6-15 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 [Signature]
 (Physician or midwife)

Given name added from supplemental report _____ Address _____
496-115-560 Month, day, year _____
 Registrar _____ Filled Jan 22 28 Registrar _____