

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 112
Registered No. 102

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 1005 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Alvarez { 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 _____ 5. No., in order of birth 1st 6. Legitimate? yes 7. Date of birth Mch. 6-1928
Month Day Year

8. FATHER
Full name Porfirio J. Alvarez
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 26 (Years)
12. Birthplace (city or place) Sonora Mex.
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Henriqueta Pena
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 26 (Years)
18. Birthplace (city or place) Alamos Sonora Mex.
(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 4
(b) Born alive but now dead 1
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 45

I hereby certify that I attended the birth of this child, who was born alive at 12⁴⁵ 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 _____ Address Miami, Arizona

Month, day, year _____ Filed Mch 12, 28 B. E. Jones
Registrar Registrar

419-306-871