

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

State File No. 137a  
 Registered No. 177

1. PLACE OF BIRTH

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 1106 Frederick St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lydia Marez  
 (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</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>Apr. 16 - 1928</u> Month Day Year
5. No., in order of birth _____				

8. FATHER  
 Full name Gregorio Marez  
 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 24 (Years)  
 12. Birthplace (city or place) Guanajuato Mex.  
 (State or country)  
 13. Occupation  
 Nature of industry Miner

14. MOTHER  
 Full maiden name Fannie Cadena  
 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) La Paz Lower California  
 (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 3  
 (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 alive at 3:15 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 Cyril M. Brown, M.D.  
Physician  
 (Physician or midwife)

Given name added from \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year \_\_\_\_\_

Registrar. \_\_\_\_\_  
 Filed May 12, 1928  
6-E. D. M.  
 Registrar.

349-416631