

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 155

Registered No. 157

1. PLACE OF BIRTH

County Gila

District or Township

City Miami

State Arizona

or Village

No. 108 Depot Hill St.,

(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child Henriquetta Madril

(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

6. Legitimate?

yes

7. Date

of birth

Apr. 25 - 1928
Month Day Year

5.

FATHER

Full name

Raymonds Madril

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 27 (Years)

12. Birthplace (city or place)

Clifton

(State or country)

Arizona

13. Occupation

Nature of industry

Laborer

14.

MOTHER

Full maiden name

Solidad Contreras

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

Juarez

(State or country)

Mex.

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

(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

(Born alive or stillborn)

at 6:45 P.

m. on the date above stated.

Signature

Byril M. Brown M.D.

Physician

(Physician or midwife)

Address

Miami, Arizona

Month, day, year

Filed

Apr 30, 1928

Registrar.

Registrar.

843-125-237

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