

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 129
Registered No. 248

1. PLACE OF BIRTH
County Gila State Arizona

District or Township _____ or Village _____
City Miami No. 3403 Turkey Shoat St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marcelino Alvarez { If child is not yet named, make supplemental report, as directed.

3. 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>June 2-1928</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Florentino Alvarez

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 30 (Years)

12. Birthplace (city or place) Zacatecas
(State or country) Mex.

13. Occupation
Nature of industry miner

14. MOTHER
Full maiden name Ladislada Casterada

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 26 (Years)

18. Birthplace (city or place) Coahuila
(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 6
(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 4 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 Byril M. Brown M.D.
Physician (Physician or midwife)

Given name added from a supplemental report. Address Miami, Arizona
Month, day, year

Filed June 11, 28
Registrar. B. E. Finn
Registrar.

419-602-331

N. B.—In case of more than one child at a birth, RETURN must be made for each, and the number of children stated.