

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

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

State File No. ¹³⁶ 318
Registered No. _____

1. PLACE OF BIRTH

County File State Arizona
District or Township Miami or Village _____
City No. 114 Rees Street St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 6. Legitimate? Yes
5. No., in order of birth _____ 7. Date of birth June 5 - 1928
Month Day Year

8. FATHER
Full name Ramon Macias

14. MOTHER Aredondo
Full maiden name Amparo Macias

9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Ariz.

15. Residence (Usual place of abode) Miami
If non-resident, give place and state.

10. Color or race white

11. Age at last birthday 25 (Years)

16. Color or race Mexican

17. Age at last birthday 19 (Years)

12. Birthplace (city or place) Zalpa
(State or country) Zacatecos. Mex.

18. Birthplace (city or place) Hermosillo
(State or country) Sonora Mex.

13. Occupation journeyman
Nature of industry

19. Occupation house wife
Nature of industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. Protargol

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 7 1/2 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 [Signature]
(Physician or midwife).

Given name added from a supplemental report. _____
Address Box 1666
Month, day, year _____

Filed July 25 1928
Registrar. _____ Registrar.

442-605-116