

Use of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## STANDARD CERTIFICATE OF BIRTH

State File No. 172  
414

Registered No. \_\_\_\_\_

### 1. PLACE OF BIRTH

County Gila

State Arizona

District or Township \_\_\_\_\_

or Village \_\_\_\_\_

City Miami

No. 114

Red Springs Canyon St.

Ward \_\_\_\_\_

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

### 2. Full name of child Cypriano Galvez

If child is not yet named, make supplemental report, as directed.

### 3. Sex of Child

To be answered ONLY in event of plural births. male

### 4. Twin, triplet or other \_\_\_\_\_

### 6. Legitimate? yes

### 7. Date of birth Sept 26 1928

Month Day Year

### 5. No., in order of birth \_\_\_\_\_

### 8. FATHER

Full name Genaro Galvez

### 14. MOTHER

Full maiden name Jesus Macias

### 9. Residence

(Usual place of abode) Miami, Arizona

If non-resident, give place and state.

### 15. Residence

(Usual place of abode) Miami, Arizona

If non-resident, give place and state.

### 10. Color or race Mexican

11. Age at last birthday 42 (Years)

### 15. Color or race Mexican

17. Age at last birthday 35 (Years)

### 12. Birthplace (city or place) \_\_\_\_\_

(State or country) Mexico

### 18. Birthplace (city or place) \_\_\_\_\_

(State or country) Mexico

### 13. Occupation Miner

Nature of industry

### 19. Occupation Housewife

Nature of industry

### 20. Number of children of this mother 9

(Taken as of time of birth of child herein certified and including this child).

(a) Born alive and now living 8

(b) Born alive but now dead 1

(c) Stillborn 0

### 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 alive

at 4:20 p.m. on the date above stated.

(Born alive or stillborn)

Signature J. J. Miller

(Physician or midwife)

\* 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.

Given name added from a supplemental report \_\_\_\_\_

Month, day, year \_\_\_\_\_

Address Miami, Arizona

Filed Sept 30, 19 28

Registrar. P. E. Dinn

Registrar.

399-926-142