

AMENDMENT ATTACHED 6-2-1966, *ambw*

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

State File No. *121*
Registered No. *424*

1. PLACE OF BIRTH

County *Gila* State *Arizona*
District or Township _____ or Village _____
City *Miami* No. *15 Caseyville* St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child *Angela Olmos* (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. _____ 6. Legitimate? *yes*
5. No., in order of birth _____ 7. Date of birth *Oct. 2 - 1928*
Month Day Year

8. FATHER
Full name *Ramon Olmos*
9. Residence (Usual place of abode) *Miami, Arizona*
If non-resident, give place and state.
10. Color or race *Mex.*
11. Age at last birthday *26* (Years)
12. Birthplace (city or place) *Jalisco Mex.*
(State or country)
13. Occupation
Nature of industry *Miner*

14. MOTHER
Full maiden name *Magdalena Machian*
15. Residence (Usual place of abode) *Miami, Arizona*
If non-resident, give place and state.
16. Color or race *Mex.*
17. Age at last birthday *22* (Years)
18. Birthplace (city or place) *Jalisco Mex.*
(State or country)
19. Occupation
Nature of industry *Housewife*

20. Number of children of this mother *4* (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 *1*
(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 *1 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 a supplemental report _____
Month, day, year _____
Address *Miami, Arizona*
Filed *Oct 11, 1928* *L. E. Jones*
Registrar. Registrar.

162-1082-145

PLEASE PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD
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 order of birth stated.