

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

State File No. 132
448
 Registered No.

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 48 Grover Canon St., _____ Ward _____

2. Full name of child Cecelia Diaz { 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 Oct. 5. 19 19 19 19
 Month Day Year

8. FATHER
 Full name Genovive Diaz

14. MOTHER
 Full maiden name Librada Portill

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

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 If non-resident, give place and state.

10. Color or race Mex. 11. Age at last birthday 40 (Years)

16. Color or race Mex. 17. Age at last birthday 30 (Years)

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

18. Birthplace (city or place) Jalisco Mex.
 (State or country)

13. Occupation
 Nature of industry Miner

19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 11 } (a) Born alive and now living 9
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 2
 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum. ye

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at 7 A. m. on the date above stated.
 (Born alive or stillborn)

Signature Loyil M. Brown M.D.
Physician
 (Physician or midwife)

Address Miami, Arizona

Month, day, year _____
 Filed Nov 3 19 18 18 18
E. E. Tom
 Registrar.

349-1005-376

WRITE PLAINLY WITH 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 in order of birth stated.