

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

State File No. ¹⁸⁶ 461
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Lower Miami
City Miami No. 511 1st W. Oak Canyon St. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Villalobos 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. 24-1928
Month Day Year

8. FATHER
Full name Cosme Villalobos

14. MOTHER
Full maiden name Angela Prada

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

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

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

16. Color or race Mex
17. Age at last birthday 26 (Years)

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

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

13. Occupation
Nature of industry Miner

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 5
(Taken as of time of birth of child herein certified and including this child). }
(a) Born alive and now living 5
(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 3 A. m. on the date above stated.
(Born alive or stillborn)

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

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

Month, day, year _____
Registrar. Filed Nov 3 1928 Registrar. J. E. Finn

452-1024-171

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