

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. ²⁰⁰ 4651
Registered No. _____

1. PLACE OF BIRTH
County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 718 Pine Oak St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Liborio Alvarez (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 _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct. 29-1928
Month Day Year

8. FATHER
Full name Liborio Alvarez

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

10. Color or race Mex. 11. Age at last birthday 26 (Years)

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

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Concepcion Martinez

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

16. Color or race Mex 17. Age at last birthday 23 (Years)

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

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 3 (Taken as of time of birth of child herein certified and including this child). } (a) Born alive and now living 3 } 21. Were precautions taken against ophthalmia neonatorum? yes
(b) Born alive but now dead _____ }
(c) Stillborn _____ }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:25 A. m. on the date above stated.
(Born alive or stillborn)

Signature Loyd M. Cron M.D.
Physician
(Physician or midwife).

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

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

319-1029-349