

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

State File No. 151
481
Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 62 Brower Canon St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Salvadore Magdalena { 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. _____ 6. Legitimate? yes 7. Date of birth Nov-9-1928
Month Day Year

8. FATHER
Full name Andreas Magdalena

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 27 (Years)

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

13. Occupation Laborer
Nature of industry mining

14. MOTHER
Full maiden name Maria Chavez

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) Jalisco
(State or country) Mex.

19. Occupation _____
Nature of industry Housewife

20. Number of children of this mother 6 } (a) Born alive and now living 6
(Taken as of time of birth of child herein certified and including this child). } (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 4 P. m. on the date above stated.
(Born alive or stillborn)

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

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

Month, day, year _____ Filed Dec 2, 19 28 le. E. J. King

Registrar. _____ Registrar.

241-1109-439