

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

State File No. 170  
517  
 Registered No. \_\_\_\_\_

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 83 Warrior Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eugenio Medina (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 Nov-15-1928  
 Month Day Year

8. FATHER  
 Full name Severo Medina

14. MOTHER  
 Full maiden name Gaudaloupe Lemou

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

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

10. Color or race Mex 11. Age at last birthday 23 (Years)

16. Color or race Mex 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Durango, Mex.  
 (State or country)

18. Birthplace (city or place) Globe, Arizona  
 (State or country)

13. Occupation Smelter man  
 Nature of industry Int. Smelting Co.

19. Occupation Housewife  
 Nature of industry \_\_\_\_\_

20. Number of children of this mother 3 } (a) Born alive and now living 3 (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 8:55 P. 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 Byril M. Cron M.D.  
Physician  
 (Physician or midwife).

Given name added from \_\_\_\_\_ Address Miami, Arizona  
 a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_

Filed Jan 2, 19 29 Dr. E. Tom  
 Registrar. Registrar.

611-115-735