

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 117
542

Registered No. 542

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 3501 Loomis Ave St., _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Concepcion Magdalena { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other.....	6. Legitimate? <u>yes</u>	7. Date of birth <u>Dec 8 1928</u> Month Day Year
		5. No., in order of birth.....		

8. FATHER
Full name Gerónimo Magdalena

14. MOTHER
Full maiden name Octoviana Jaco

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 Mexican

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11. Age at last birthday 27 (Years)

17. Age at last birthday 22 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

18. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Laborer, surface
Nature of industry Copper mine

19. Occupation Housewife
Nature of industry _____

20. Number of children of this mother..... }
(Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 4
(b) Born alive but now dead 0
(c) Stillborn..... 0

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 alive at 6 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 J. J. Miller
(Physician or midwife)

Given name added from a supplemental report. _____
Month, day, year _____

Address Miami, Arizona
Filed Jan 7 19 29 B. E. Dinn
Registrar. _____

346-1208-6049