

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. *160*

Registered No. *578*

1. PLACE OF BIRTH

County *Gila* State *Arizona*

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City *Miami* No. *General Delivery* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child *Pedro Mercado* (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? \_\_\_\_\_ 7. Date of birth *XII - 20 - 1928* Month Day Year

8. FATHER Full name *Antonio Mercado*

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

10. Color or race *mexican* 11. Age at last birthday *50* (Years)

12. Birthplace (city or place) *S. Miguel Alto Jalisco Mex* (State or country)

13. Occupation *journalero* Nature of industry

14. MOTHER Full maiden name *Maura Ramirez*

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

16. Color or race *mexican* 17. Age at last birthday *24* (Years)

18. Birthplace (city or place) *S. Miguel Alto Jalisco Mex* (State or country)

19. Occupation *House wife* Nature of industry

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* (b) Born alive but now dead *0* (c) Stillborn *0*

21. Were precautions taken against ophthalmia neonatorum. *Protargol*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \*

I hereby certify that I attended the birth of this child, who was *born alive* at *11 a* m. on the date above stated. (Born alive or stillborn)

Signature *J. James Aldama M.D.* (Physician or midwife)

Address *Box 1666*

Given name added from a supplemental report \_\_\_\_\_ Month, day, year \_\_\_\_\_ Filled *Jan 14, 1929* Registrar *C. E. J...*

Registrar \_\_\_\_\_

716-1020-499