

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

State File No. 143  
Registered No. 22

1. PLACE OF BIRTH

County Grea State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 3132 Doonig av St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

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

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. \_\_\_\_\_ 6. Legitimate? yes  
5. No., in order of birth \_\_\_\_\_ 7. Date of birth I - 13 - 1929  
Month Day Year

8. FATHER  
Full name Alberto Macias  
9. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

14. MOTHER  
Full maiden name Guadalupe Fernandez  
15. Residence (Usual place of abode) Miami  
If non-resident, give place and state.

10. Color or race Mexican  
11. Age at last birthday 33 (Years)

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

12. Birthplace (city or place) Zacatecas  
(State or country) Zacatecas - Mex

18. Birthplace (city or place) Jerex  
(State or country) Zacatecas. Mex

13. Occupation miner  
Nature of industry \_\_\_\_\_

19. Occupation house wife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother 2  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(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 born alive at 5 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. Jimenez Alvarado M.D.  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year 542-112-769  
Registrar.

Address Box 1666 Miami Fla.  
Filed Jan 20 29 R. E. Doon  
Registrar.

order of birth stated.