

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

State File No. 147
 Registered No. 21

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 1020 Adonis Ave- St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Julia Camarens { 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 Jan. 13-1929
Month Day Year

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

MOTHER
 14. Full maiden name Amelia De La Torre
 15. Residence Miami, Arizona.
(Usual place of abode)
 If non-resident, give place and state.

10. Color or race Mex.
 11. Age at last birthday 24 (Years)

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

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

18. Birthplace (city or place) Sonora Mex.
(State or country)

13. Occupation Miner
 Nature of industry

19. Occupation Housewife
 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 0
 (b) Born alive but now dead 3
 (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 stillborn at 2 A. 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 Laura M. Brown M.D.
(Physician or midwife).

Address Miami, Arizona

Given name added from a supplemental report _____
 Month, day, year 136-113-135
 Registrar

Filed Jan 20, 19 29 De. Co. Ariz.
 Registrar

Approved by Health Statist.