

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

State File No. 150d  
 Registered No. 181

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 14 Grover Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Guadalupe Medina { 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. \_\_\_\_\_ 5. No. in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Jan. 16 - 1929  
Month Day Year

**8. FATHER**  
 Full name Antonio Medina

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

10. Color or race Mex. 11. Age at last birthday 40 (Years)

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

13. Occupation  
 Nature of industry Laborer

**14. MOTHER**  
 Full maiden name Manuela De La Pina

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

16. Color or race Mex. 17. Age at last birthday 30 (Years)

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

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 3 (a) Born alive and now living 3  
 (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 2:30 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. Brown M.D.  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year 7/4/29

Address Miami, Ariz.  
 Filed May 10 1929  
C. E. Jones  
 Registrar

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.