

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

State File No. 150
 Registered No. 112

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ of Village _____
 City Miami No. 1011 Sullivan St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Manuel Olvera { 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. _____ 6. Legitimate? yes
 5. No., in order of birth _____ 7. Date of birth Mch. 7-1929
 Month Day Year

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

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

10. Color or race Mex. 11. Age at last birthday 23 (Years)

16. Color or race Mex. 17. Age at last birthday 18 (Years)

12. Birthplace (city or place) Prescott
 (State or country) Arizona.

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

13. Occupation Truck driver
 Nature of industry Swift Co.

19. Occupation Housewife
 Nature of industry _____

20. Number of children of this mother _____ } (a) Born alive and now living 1
 (Taken as of time of birth of child herein certified and including this child.) } (b) Born alive but now dead 0
 (c) Stillborn _____ 21. Were precautions taken against ophthalmic neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12⁰⁵ 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 Cyril M. Brown M.D.
Physician
 (Physician or midwife).

Given name added from a supplemental report. _____
 Address Miami, Arizona

Month, day, year _____
 Filled Such is 19 29 L. G. J. Jr
 Registrar Registrar

461-307-589

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