

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

State File No. 197
 Registered No. 130

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 920 Live Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Guadalupe Vega { 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 Feb. 25-1929
 Month Day Year

8. FATHER
 Full name Fortunato Vega
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 10. Color or race Mex.
 11. Age at last birthday 55 (Years)
 12. Birthplace (city or place) Sinaloa, Mex.
 (State or country) _____
 13. Occupation
 Nature of industry Pool Hall

14. MOTHER
 Full maiden name Antonia Carbojal
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. _____
 16. Color or race Mex.
 17. Age at last birthday 34 (Years)
 18. Birthplace (city or place) Morenci, Arizona
 (State or country) _____
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 10 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 4
 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ⁹⁰

I hereby certify that I attended the birth of this child, who was born alive at 4:30 a. m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Brown M.D.
Physician (Physician or midwife)

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

Filed Feb 31, 29 C. E. Ferris Registrar

451-375-133

made for each, and the number of each in