ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 214

Registered No. 149

1. PLACE OF BIRTH

County Gila State Arizona

District or Township ..... or Village .....

City Miami No. 721 Line 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 Adelberto Galavez { 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 ..... 5. No., in order of birth ..... | 6. Legitimate? yes | 7. Date of birth Mch. 30 - 1929. Month Day Year

8. FATHER

Full name Francisco Galavez

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 26 (Years)

12. Birthplace (city or place) Chihuahua, Mex.

(State or country)

13. Occupation

Nature of industry Miner

14. MOTHER

Full maiden name Guadaloupe Macias

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 17 (Years)

18. Birthplace (city or place) Jalisco Mex.

(State or country)

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.) 1

(a) Born alive and now living 1

(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 (Born alive or ~~stillborn~~.) at 10 P. m. on the date above stated.

* 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 Cron

Physician (Physician or ~~midwife~~).

Given name added from a supplemental report ..... Month, day, year

Address Miami, Arizona.

Filed Apr 12, 1929 C. E. [illegible] Registrar

..... Registrar

179-330-742