

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

State File No. 152
 Registered No. 152

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 220 Depot Hill St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Javier Macias { 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
 7. Date of birth Apr. 2 - 1929
 Month Day Year

8. FATHER
 Full name Fausto Macias
 9. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 23 (Years)
 12. Birthplace (city or place) Jalisco Mex.
 (State or country)
 13. Occupation
 Nature of industry Miner
 20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.)

14. MOTHER
 Full maiden name Secarro V. Pena
 13. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state. Arizona
 10. 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
 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 7³⁰ A. m. on the date above stated.
(Born alive or stillborn.)
 Signature Lynell M. Brown M.D.
Physician (Physician or midwife).
 Address Miami, Arizona
 Filed Apr 12 29 L. E. Sims Registrar

* 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.

Given name added from a supplemental report _____
 Month, day, year _____
 Registrar _____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 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.

142-402-271