

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

State File No. 133 a  
 Registered No. 100

**1. PLACE OF BIRTH**

County Gila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 3131 Turkey Shoot St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ophelia Frias { If child is not yet named, make supplemental report, as directed.

3. Sex of Child 7 be answered ONLY if plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth June 10-1929  
 Month Day Year

**FATHER**  
 Full name Ronzals Frias  
 9. Residence (Usual place of abode) Miami, Arizona  
 If non-resident, give place and state. Arizona

**MOTHER**  
 Full maiden name Guadalupe Flores  
 15. 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 21 (Years)  
 12. Birthplace (city or place) Sinaloa Mex  
 (State or country)

16. Color or race Mex 17. Age at last birthday 16 (Years)  
 18. Birthplace (city or place) Tyrone New Mex  
 (State or country)

13. Occupation  
 Nature of industry Miner

19. Occupation  
 Nature of industry Housewife

20. Number of children of this mother 1 (Taken as of time of birth of child herein certified and including this child.)  
 (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 at 2 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 or midwife)

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona  
 Month, day, year \_\_\_\_\_  
 Filed Apr 12, 1931 Registrar R. E. Jones

Registrar

Registrar

662-610-762

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PER  
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be  
 order of birth stated.  
 NT RECORD  
 for each, and the number of each in