

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

State File No. 151A
 Registered No. 701A

1. PLACE OF BIRTH

County Gila State Arizona
 District or Township _____ or Village _____
 City Miami No. 86 Red Springs Canyon Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Macias { 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 _____ 6. Legitimate? yes 7. Date of birth June 18 - 1929
 Month Day Year

8. FATHER
 Full name Juan Macias
 9. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 10. Color or race Mex.
 11. Age at last birthday 36 (Years)
 12. Birthplace (city or place) Zacatecas
 (State or country) Mex.
 13. Occupation
 Nature of industry Miner

14. MOTHER
 Full maiden name Guadalupe Olmos
 15. Residence (Usual place of abode) Miami
 If non-resident, give place and state. Arizona
 16. Color or race Mex
 17. Age at last birthday 35 (Years)
 18. Birthplace (city or place) Zacatecas
 (State or country) Mex
 19. Occupation
 Nature of industry Housewife

20. Number of children of this mother 8
(Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 4
 (b) Born alive but now dead 2
 (c) Stillborn 2
 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 stillborn at 10 P. m. on the date above stated.
(Born alive or stillborn.)

Signature Loyce M. Brown M.D.
Physician (Physician or midwife)
 Address Miami, Arizona
 Filed Sept 11, 1929 R. E. Don 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

442-618-762