

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

State File No. 603
Registered No. 603

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 27 Grover Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Olivas
(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. 2nd yes } 6. Legitimate? yes
5. No., in order of birth 2nd yes } 7. Date of birth June 19-1929
Month Day Year

8. FATHER
Full name Jose Olivas

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 29 (Years)

12. Birthplace (city or place) Chihuahua Mex.
(State or country)

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Refugia Padilla

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 27 (Years)

18. Birthplace (city or place) Jalisco Mex.
(State or country)

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 6 } (a) Born alive and now living 6
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)

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 5:45 A. m. on the date above stated.
(Born alive or stillborn.)

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

Address Miami, Arizona

Given name added from a supplemental report _____
Month, day, year _____
Filed Jan 8 1930 Registrar R. C. Brown

Registrar
462-619-971

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
If at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth attached.