ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 46

Registered No. 46

1. PLACE OF BIRTH

County Gila State Arizona

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

City Miami No. ..... St., ...

(If birth occurred in a hospital or institution, give its NAME instead of street and nu

2. Full name of child Carmel Cabrera { If child is not yet named, supplemental report, as dir

3. Sex of Child Female | 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 July 16, 1 (Month Day Year)

8. FATHER

Full name Benito Cabrera

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 28 (Years)

12. Birthplace (city or place) Mexico

(State or country)

13. Occupation Miner

Nature of industry

14. MOTHER

Full maiden name Lorena Gonzal

15. Residence (Usual place of abode) Miami

If non-resident, give place and state. Ar

16. Color or race Mexican

17. Age at last birthday 25 (Ye

18. Birthplace (city or place) Mexico

(State or country)

19. Occupation H. W.

Nature of industry

0. Number of children of this mother ..... (aken as of time of birth of child herein ified and including this child.)

(a) Born alive and now living .....

(b) Born alive but now dead .....

(c) Stillborn .....

21. Were precautions taken against op thalmia neonatorum? No

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

y certify that I attended the birth of this child, who was Still Born at 1.0 P. m. on the date above state (Born alive or stillborn.)

When there was no attending physician idwife, then the father, householder, should make this return. A stillborn s one that neither breathes nor ther evidence of life after birth.

Signature Charles E. Irvin M.D. (Physician or midwife).

me added from mental report ..... Month, day, year

Address Miami Arizona

Registrar

Filed Oct 28, 1929 C. E. Irvin Registrar