

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

State File No. 164  
 Registered No. 506

**1. PLACE OF BIRTH**

County Mila State Arizona  
 District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City Miami No. 409 Olive St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Corrine Magdalena Baroldy { 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 Oct. 25, 1929  
 Month Day Year

FATHER		MOTHER	
8. Full name <u>Frank Baroldy</u>	14. Full maiden name <u>Jillie Clorriaga</u>	15. Residence (Usual place of abode) <u>Miami, Arizona.</u>	17. Age at last birthday <u>23</u> (Years)
9. Residence (Usual place of abode) <u>Miami, Arizona.</u>	16. Residence (Usual place of abode) <u>Miami, Arizona.</u>	18. Birthplace (city or place) <u>Morenci, Arizona.</u>	19. Occupation <u>Housewife</u>
10. Color or race <u>Mex.</u>	18. Color or race <u>Mex.</u>	19. Occupation <u>Housewife</u>	
11. Age at last birthday <u>24</u> (Years)	17. Age at last birthday <u>23</u> (Years)		
12. Birthplace (city or place) <u>Solomonville, Arizona.</u>	18. Birthplace (city or place) <u>Morenci, Arizona.</u>		
13. Occupation <u>Smelter</u>	19. Occupation <u>Housewife</u>		

20. Number of children of this mother 1st (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 \_\_\_\_\_

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 10 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. Teron M.D.  
Physician (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_  
 Address Miami, Arizona

Filed Nov 12, 1929 Registrar C. E. Tom

328-1025-351