

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

State File No. 539  
Registered No. 539

1. PLACE OF BIRTH

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 721 1/2 Oak St. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Maria Helma Sandoval { 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? \_\_\_\_\_ 7. Date of birth Nov 20, 1929  
5. No. in order of birth \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

8. FATHER  
Full name Mariano Sandoval  
9. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 27 (Years)

12. Birthplace (city or place) Jalisco Mexico  
(State or country)

13. Occupation miner  
Nature of Industry

20. Number of children of this mother 4  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 5  
(b) Born alive but now dead 2  
(c) Stillborn \_\_\_\_\_

14. MOTHER  
Full maiden name Guadalupe Montoya

15. Residence (Usual place of abode) Miami Arizona  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 29 (Years)

18. Birthplace (city or place) Chihuahua Mexico  
(State or country)

19. Occupation N.W.  
Nature of Industry

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 Bernadette at 1:30 P. 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 Charles E. Jordan  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Miami Arizona  
Month, day, year \_\_\_\_\_  
Filed Nov 30, 1929 Registrar C. E. Jordan

423-1120-741