

order of birth stated.

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

State File No. 574
Registered No. 574

142

1. PLACE OF BIRTH

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

2. Full name of child Guadalupe Delgado { 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. no 6. Legitimate? yes 7. Date of birth Dec. 12 - 1929
Month Day Year

8. FATHER
Full name Juan Delgado
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Mex
11. Age at last birthday 40 (Years)
12. Birthplace (city or place) Chihuahua Mex
(State or country)
13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Maria Cosio
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Mex
17. Age at last birthday 31 (Years)
18. Birthplace (city or place) Tucson, Arizona
(State or country)
19. Occupation
Nature of industry Housewife

20. Number of children of this mother 9 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 7
(b) Born alive but now dead 2
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* ²⁵

I hereby certify that I attended the birth of this child, who was born alive at 6:25 a.m. on the date above stated.
(Born alive or stillborn.)

Signature Cyril M. Cron M.D.
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____
Filed Dec 20, 1929 Registrar [Signature]

746-1210-436