

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

State File No. 192  
 Registered No. 248

**1. PLACE OF BIRTH**

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

2. Full name of child Sylvester Alvarado  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male 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 Dec. 31, 1929  
 Month Day Year

**8. FATHER**  
 Full name Jesus Alvarado  
 9. Residence (Usual place of abode) Esbo Ariz.  
 If non-resident, give place and state.  
 10. Color or race mexican  
 11. Age at last birthday 29 (Years)  
 12. Birthplace (city or place) Mexico  
 (State or country)  
 13. Occupation Laborer  
 Nature of industry

**14. MOTHER**  
 Full maiden name Angela Dominguez  
 15. Residence (Usual place of abode) Esbo Ariz.  
 If non-resident, give place and state.  
 16. Color or race Mex.  
 17. Age at last birthday 27 (Years)  
 18. Birthplace (city or place) Safford Ariz.  
 (State or country)  
 19. Occupation Housewife  
 Nature of industry

20. Number of children of this mother 8  
(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 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 8:30 P. m. on the date above stated.  
(Born alive or stillborn.)  
 Signature T. C. Harper  
 \_\_\_\_\_  
(Physician or midwife).  
 Address Globe, Arizona  
 \_\_\_\_\_  
 Given name added from a supplemental report \_\_\_\_\_  
 Month, day, year \_\_\_\_\_  
 Filled 1/7 1930 H. E. Wylthman  
 Registrar

216-1231-149