

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 159  
County Registrar No. 29  
Local Registrar No. \_\_\_\_\_

**PLACE OF BIRTH**

1. County of Pima  
District of \_\_\_\_\_  
Town of Miami  
or \_\_\_\_\_  
City of \_\_\_\_\_

No. 723 Church Hill St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Pablo Sales (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 Jan 14, 1927  
Month Day Year

8. FATHER  
Full name Marcilino Sales  
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) Durango, Mex.  
(State or country)  
13. Occupation  
Nature of industry Miner

14. MOTHER  
Full maiden name Inez Diaz  
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 27 (Years)  
18. Birthplace (city or place) Coahuila, Mex.  
(State or country)  
19. Occupation  
Nature of industry Housewife

20. Number of children of this mother (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 \_\_\_\_\_ 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 at 8:30 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. Brown, M.D. (Physician or midwife.)  
Address Miami, Arizona

Given name added from a supplemental report. Filed Feb 7, 1927 C. E. Trim  
Month, day, year Local Registrar.

Registrar \_\_\_\_\_ Filed \_\_\_\_\_, 19\_\_\_\_ County Registrar.

729-114-949

N. B.—In case of more than one child, a SEPARATE REPORT must be made for each, and in order of birth stated.